

Office of Statistics and Data Management



HCFA DATA COMPENDIUM

HEALTH CARE FINANCING ADMINISTRATION
FISCAL YEAR 1990

U.S. Department of Health and Human Services
Health Care Financing Administration
Bureau of Data Management and Strategy

PUBS
RA
410
.53
U5356
1990

This staff report is considered a working document for internal distribution only. It has not been cleared and is not intended as an official publication. The statements contained in this report are solely those of the author(s) and do not express the position of or an endorsement by the Health Care Financing Administration.

Jon Drexler
BOSMS

3-A-12 Security Office Park Bldg
597-3933

RA
410.53
.U535b
1990
c.3

HCFA DATA COMPENDIUM

HEALTH CARE FINANCING ADMINISTRATION
FISCAL YEAR 1990

FOREWORD

This compendium was prepared for HCFA's Leadership as a reference document and as a supplement to briefing materials for legislative initiatives. It was compiled by the Division of Information Analysis, Office of Statistics and Data Management, with major contributions from various Bureaus and Offices in the Health Care Financing Administration.

Regina McPhillips, Dr.P.H.
Director
Bureau of Data Management
and Strategy

May 1989

TABLE OF CONTENTS

	Page
I. Budget Overview	1
o HCFA and Total Federal Disbursements	2
o Chart - Annual Percent Increase in Federal, DHHS, and HCFA Budgets	3
o Program Benefit Payments/Trends	4
o Charts - Trends in Program Benefit Payments	5, 6
o HCFA Benefit Outlays by Program	7
II. Prospective Payment System (PPS) Activity	9
o Medicare Hospital Status Under the Prospective Payment System	10
o Chart - Medicare Participating Hospitals by PPS Status	11
o Medicare Inpatient Hospital Admissions/Trends	12
o Chart - Medicare Inpatient Hospital Admissions and Rates	12
o Medicare Short-Stay Hospital/Average Length of Stay	13
o Chart - Medicare Short-Stay Hospital/Average Length of Stay	14
o Chart - Medicare PPS Benefit Payment Trends	15
o Chart - Medicare Non-Billing PPS Reimbursement by Category	16
o DRG Ranking	17, 18
o Chart - Trends in Top Five DRGs	19
o Narrative for Charted DRGs	20
o Chart - National Case Mix Index	21
III. Expenditures	23
o Health Care Spending Highlights	24, 25
Medicare	
o Benefit Payments by Major Service Categories	26
o Projected Trust Fund Disbursements	27
o Benefit Payments by Type of Benefit	28
Medicaid	
o Vendor Payments by Basis of Eligibility	29
o Vendor Payments by Type of Service	30
o Vendor Payments by Type of Service and Basis of Eligibility	31

	Page
National	
o Health Care Expenditures by Type	32
o Health Care Expenditures by Type/Trends	33
o HCFA Benefit Payments/Major Personal Health Expenditure Service Categories	34
o Chart - Medicare and Medicaid Benefit Payments by Type of Service	35
o Trends in Public vs. Private Funding	36
o Chart - Economic Growth vs. Growth in National Health Expenditures	37
o Chart - Personal Health Care Expenditures	38
o Chart - Growth Factors in Personal Health Care Expenditures	39
o Chart - Medicaid, Medicare, and Other Personal Health Care Expenditures by Type of Service	40
o Chart - Percent of National Health Expenditures by Type of Service	41
o Chart - Per Capita Personal Health Care Expenditures by Source of Funds	42
o Expenditures by Source of Funding	43, 44
o Health Care Price Indicators	45, 46
o Charts - Consumer Price Indexes	47, 48
o Chart - Percent Change in Workhours in Private Health Care Establishments	49
IV. Administrative/Operating	51
Medicare	
o Trust Fund Operations	52, 53
o Chart - Medicare HI and SMI Trust Fund Balances	54
o SMI Trust Fund Income	55, 56
o Chart - Medicare Premiums as Percent of Total SMI Income	57
o Administrative Expenses/Trends	58
o Chart - Administrative Expenses	59
o Operating Data: Contractors, Claims Processing	60
o Intermediary Processing Times	61
o Carrier Processing Times	62
o Reasonable Charge Reductions	63
o Reasonable Charge Determination	64
o Appeals	65
Medicaid	
o Administrative Costs	66

	Page
V. Populations	68
Medicare	
o Enrollment/Coverage and Trends	69, 70
o Enrollment/Demographics	71-73
o State Buy-Ins for SMI	74
Medicaid	
o Recipients/Demographics and Trends	75
National	
o Chart - Aged Population of the United States	76
o Chart - Projected Growth of the Aged Population	77
o Chart - Population Covered Under HCFA Programs	78
o Life Expectancy at Birth and at Age 65	79, 80
o Chart - Deaths of Medicare Aged Enrollees	81
VI. Income	83
o Economic Profile of Non-Institutionalized Persons Covered by Medicare and Medicaid	84
o People Below the Poverty Level/Trends	85-87
o Poverty Levels by Age	88
o Benefits and Characteristics of Households	89, 90
o Data on Household Income, Living Arrangements, Poverty Status	91-94
o Income by Source Within Economic Groups	95
o Wealth of Aged Households by Marital Status	96, 97
VII. Utilization	98
Medicare	
Short-Stay Hospital	
o Selected Utilization Measures	99
o Trends in Short-Stay Hospital Utilization	100-102
o Chart - Admissions per 1,000 Enrollees	103
o Chart - Admission Rates vs. Average Length of Stay	104
o Inpatient Hospital Days per Person	105
o Discharges by Length of Stay	106

Part B

- o BMAD Leading Procedure Codes by Allowed Charges 107-109

Beneficiaries Served

- o Persons Served/Trends 110
- o Persons Served by Type of Service 111
- o Chart - Persons Served per 1,000 Enrollees 112
- o Persons Served/Trends in Use of Selected Types of Long-Term Care 113
- o Chart - Persons Served and Rate per 1,000 Enrollees 113
- o End Stage Renal Disease 114, 115

Medicaid

- o Recipients and Units by Type of Service 116
- o Abortions and EPSDT 117

National

- o Community Hospital Utilization Trends 118

VIII. Providers/Suppliers 120

Medicare/Medicaid

- o Inpatient Hospital/Trends 121
- o Other Medicare Providers and Suppliers/Trends 121
- o Selected Medicare Facilities/Type of Control 122
- o Medicare PIP Facilities/Trends 122
- o Medicare Assigned Claims/Trends 123
- o Medicare Participating Physician and Supplier Program 124, 125
- o Charts - Medicare Assignment Rates 126, 127
- o Private Health Plan Option Operations 128-133
- o Medicare Enrollees/TEFRA Risk Enrollees Distribution by State 134, 135

National

- o Physicians/Trends 136
- o Physician Availability Rates 137
- o Chart - Ratio of Physicians Involved in Patient Care per 100,000 Civilian Population 138
- o Physician Specialties/Trends 139
- o Physician Income and Expenses 139
- o Physician Income and Expenses/Trends 140

IX.	State Data	141
	Expenditures	
	o Medicaid/Medical Assistance Payments	142, 143
	Populations	
	o Medicare Enrollment	144
	o Medicaid Recipients	145
	o Chart - Medicare Enrollment/Percent of Population	146
	o Chart - Medicaid Recipients/Percent of Population	147
	Utilization	
	o Medicare/Persons Served	148
	o National/Community Hospital Care	149
	Providers/Suppliers	
	o Medicare/Inpatient Hospitals	150
	o Medicare/Skilled Nursing Facilities and Certified Beds	151
	o Medicaid/Long-Term Care Facilities	152
	o National/Community Hospitals	153
	o Medicare Part B/Participating Physicians and Suppliers by State	154-158
	o Medicare Part B/Assignment Rates by Carrier	159
X.	Reference	160
	o Financing of Medicare/Medicaid Programs	161-163
	o Medicare/Cost Sharing and Premium Amounts	164
	o Medicare Catastrophic Coverage Act: Before and After Comparisons	165-169
	o Medicare/Annual Maximum Taxable Earnings and HI Contribution Rates	170
	o Federal Medical Assistance Percentages/Trends	171
	o Medicaid/Services by State	172, 173
	o Social Security Cash Benefits	174

I. BUDGET OVERVIEW

Information about HCFA relative to the federal and DHHS budgets.

HCFA AND TOTAL FEDERAL DISBURSEMENTS

	FY 1988 Actual	FY 1989 Proposed Law	FY 1990 Proposed Law	Current Law
(dollars in billions)				
Gross National Product (current dollars)	\$4,779.4	\$5,122.7	\$5,437.7	--
Total Federal Budget <u>1/</u>	1,064.0	1,137.0	1,151.8	NA
Percent of Gross National Product	22.3	22.2	21.2	--
Department of Health and Human Services <u>1/</u>	373.6	401.6	424.4	NA
Percent of Total Federal Budget	35.1	35.3	36.8	--
HCFA Budget				
Medicare Benefit Payments	\$85.5	\$95.8	\$105.8	\$109.3
Medicaid Medical Assistance Payments	29.0	32.5	35.8	35.8
State and Local Administration/Training	1.5	1.8	1.8	1.9
HCFA Program Management	1.5	1.7	1.9	1.9
Other Administrative Expenses	0.6	0.6	0.7	0.7
Peer Review Organizations (PROs)	0.2	0.3	0.3	0.3
Total (unadjusted) <u>2/</u>	118.2	132.8	146.3	149.7
Offsetting and Proprietary Receipts	-8.8	-11.7	-13.6	-13.9
Total Net of Offsetting and Proprietary Receipts <u>1/</u>	109.4	121.1	132.6	135.8
Percent of Federal Budget	10.3	10.7	11.5	--

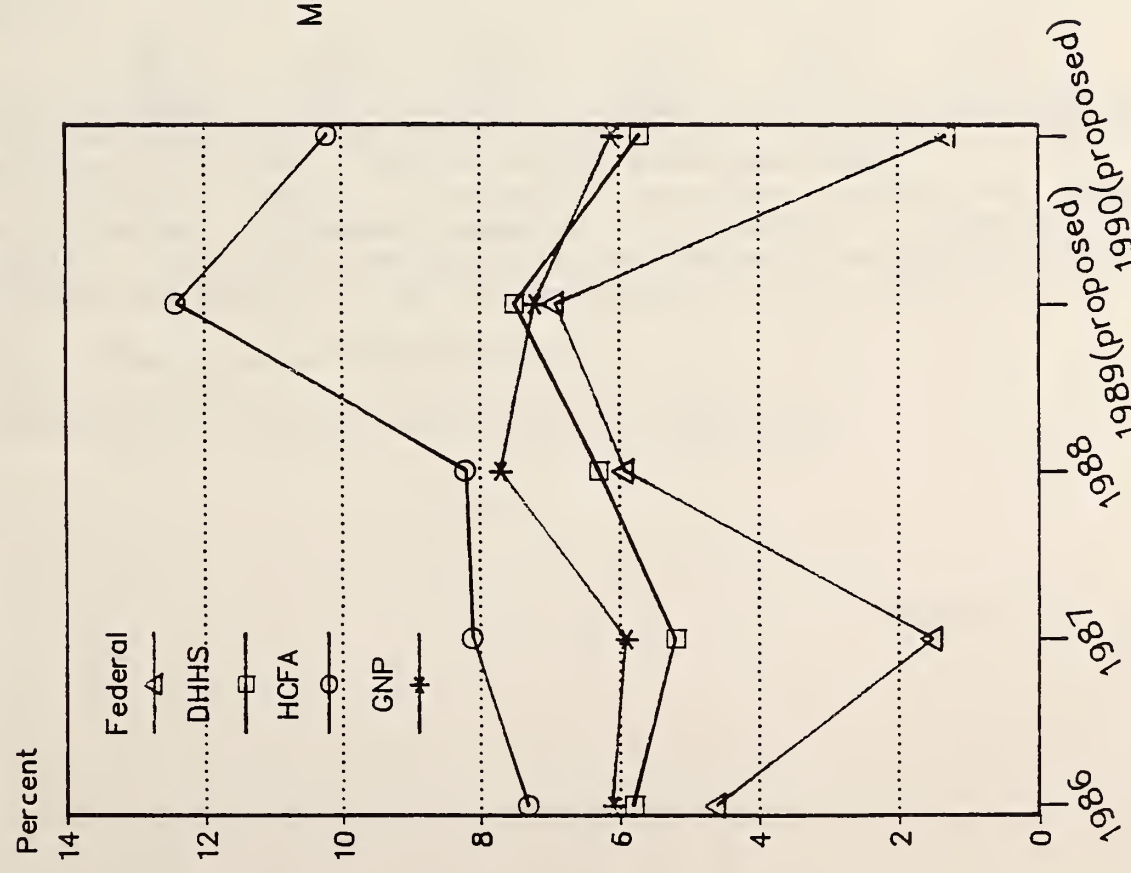
1/ Includes off-budget entities; net of offsetting receipts.

2/ Totals do not necessarily equal the sum of rounded components; percents are based on rounded numbers.

Source: HCFA/OBA

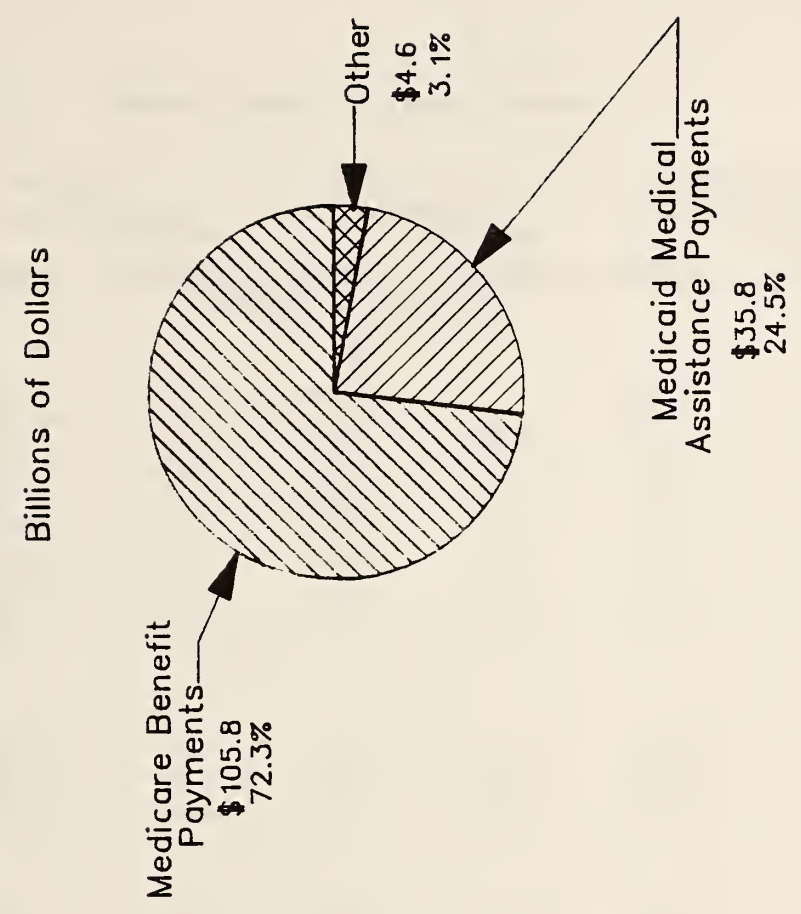
May 1989

Annual Percent Increase in Federal, DHHS, and HCFA Budgets Fiscal Years 1986-1990



Source: HCFA/OBA

HCFA Proposed Budget Fiscal Year 1990



May 1989

PROGRAM BENEFIT PAYMENTS/TRENDS

Fiscal Year	Total		Medicare ^{1/}		Medicaid ^{2/}	
	Amount	Percent Change	Amount	Percent Change	Amount	Percent Change
(dollars in billions)						
Historical						
1980	\$58.0	--	\$33.9	--	\$24.0	--
1981	69.7	20.2	41.3	21.8	28.4	18.3
1982	79.5	14.1	49.1	18.9	30.3	6.7
1983	88.9	11.8	55.6	13.2	33.3	9.9
1984	96.6	8.7	60.9	9.5	35.6	6.9
1985	108.6	12.4	69.5	14.1	39.1	9.8
1986	116.3	7.1	74.0	6.5	42.3	8.2
1987	127.4	9.5	79.7	7.8	47.6	12.5
Budget						
Current law						
1988	137.5	8.0	85.5	7.3	52.0	9.1
1989	154.2	12.1	95.8	12.0	58.3	12.2
1990	173.4	12.2	109.3	14.0	64.1	9.9
Proposed law						
1988	137.5	8.0	85.5	7.3	52.0	9.1
1989	154.2	12.1	95.8	12.0	58.3	12.2
1990	170.0	8.7	105.8	10.4	64.2	10.1

^{1/} Includes Catastrophic benefits for HI beginning in FY 1989, and for SMI and Drugs beginning in FY 1990. Does not include PRO expenditures.

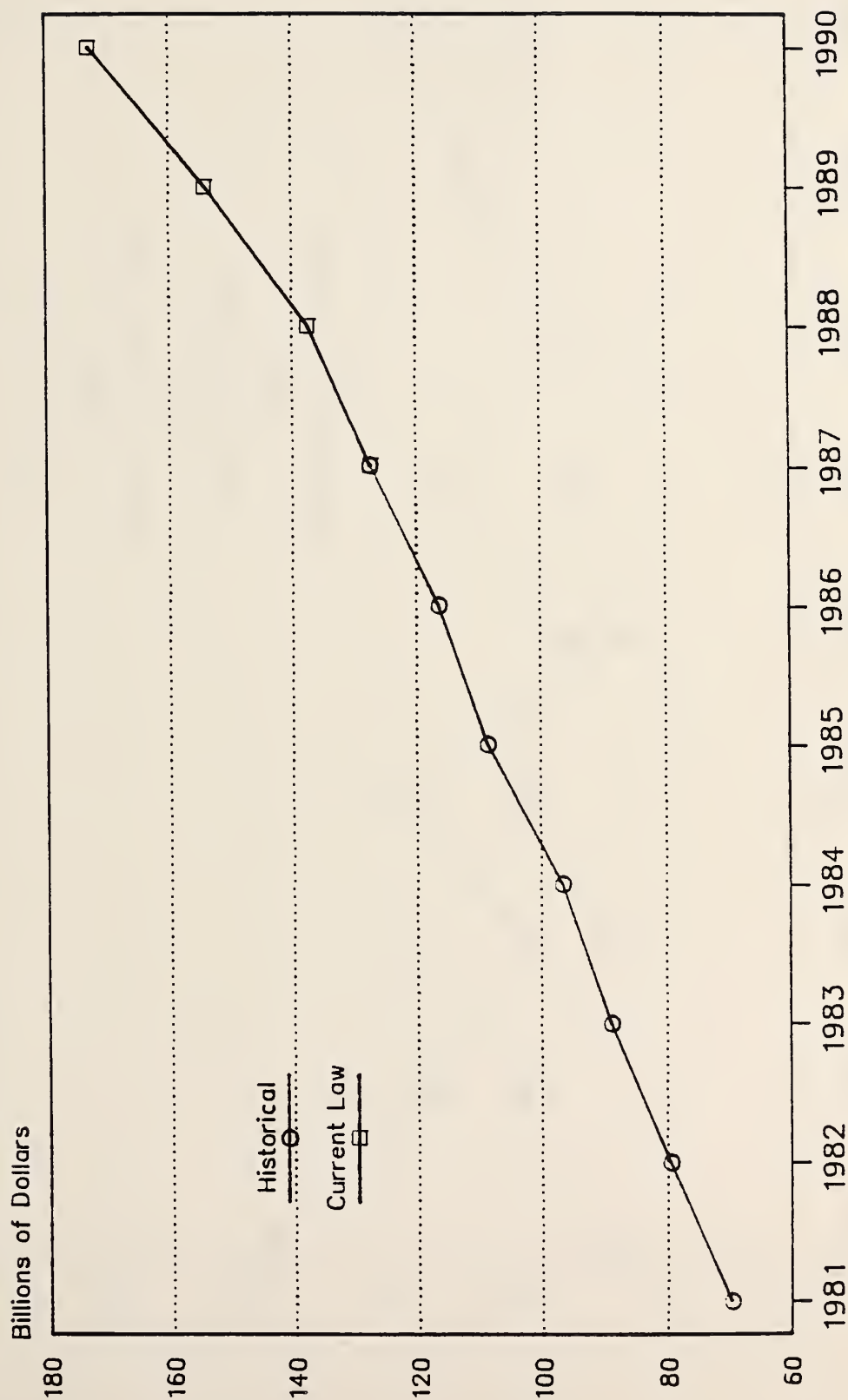
^{2/} Federal and State combined. Historical data are expenditures (total computable medical assistance payments as reported on HCFA-64 and predecessors). Budget data are preliminary estimates of outlays as reported on the HCFA-25 and modified by OBA for legislation and other initiatives.

NOTE: Percent change based on rounded numbers.

Source: HCFA/OACT for historical data and OBA for budget data.

May 1989

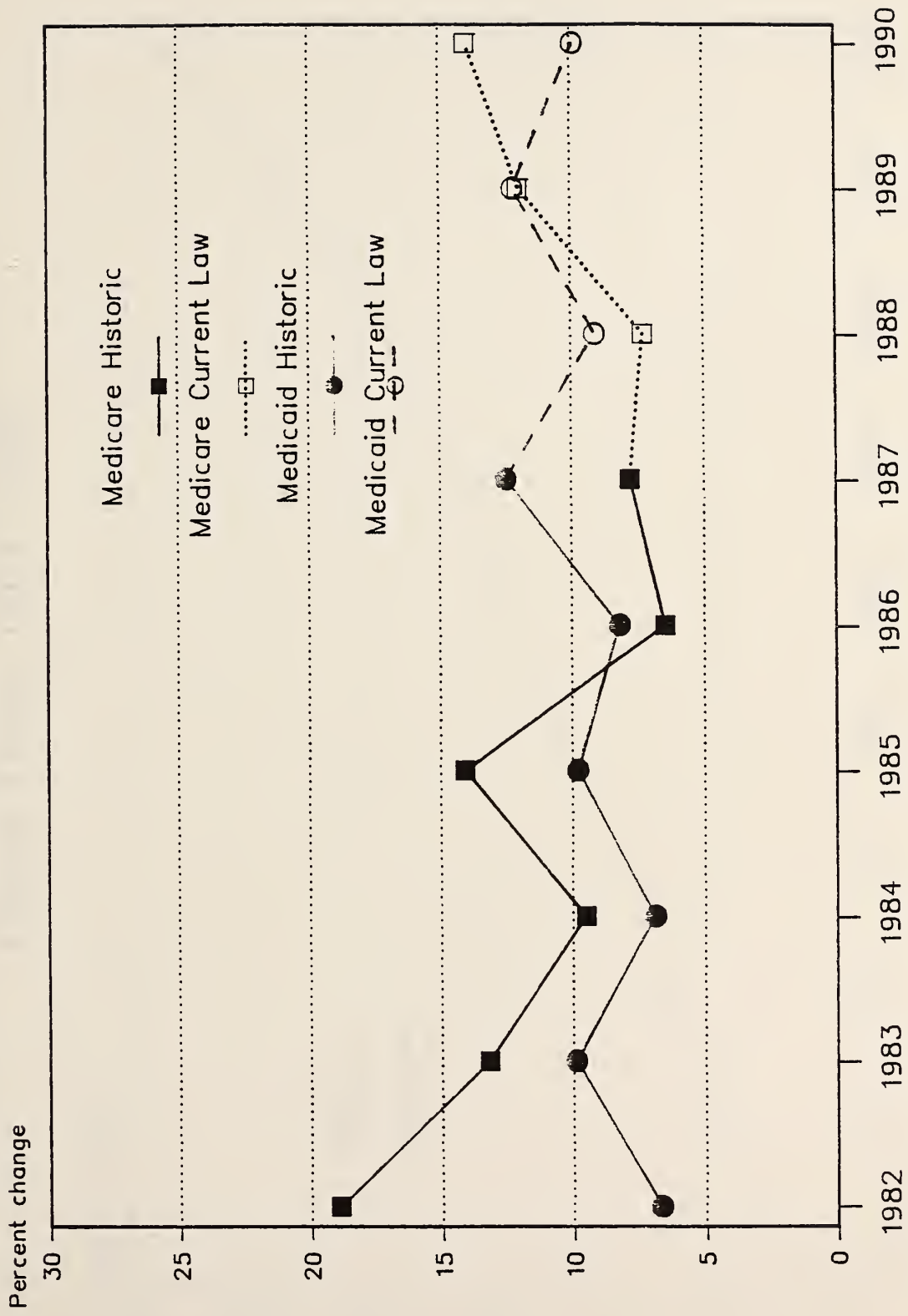
Trends in Program Benefit Payments Fiscal Years 1981-1990



Source: HCFA/OBA/OACT

May 1989

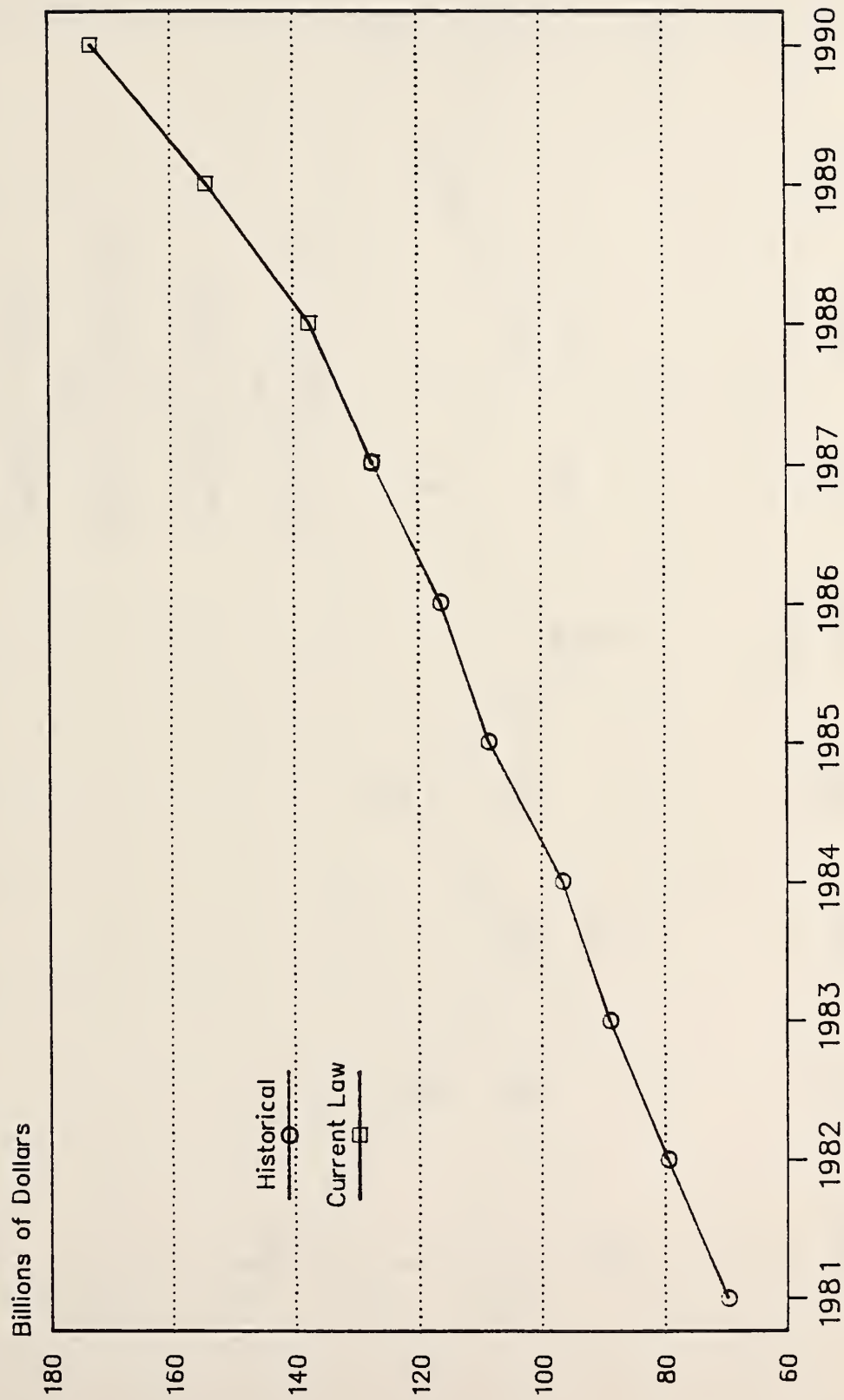
Percent Change in Program Benefit Payments Fiscal Years 1982 - 1990



Source: HCFA/OBA/OACT

May 1989

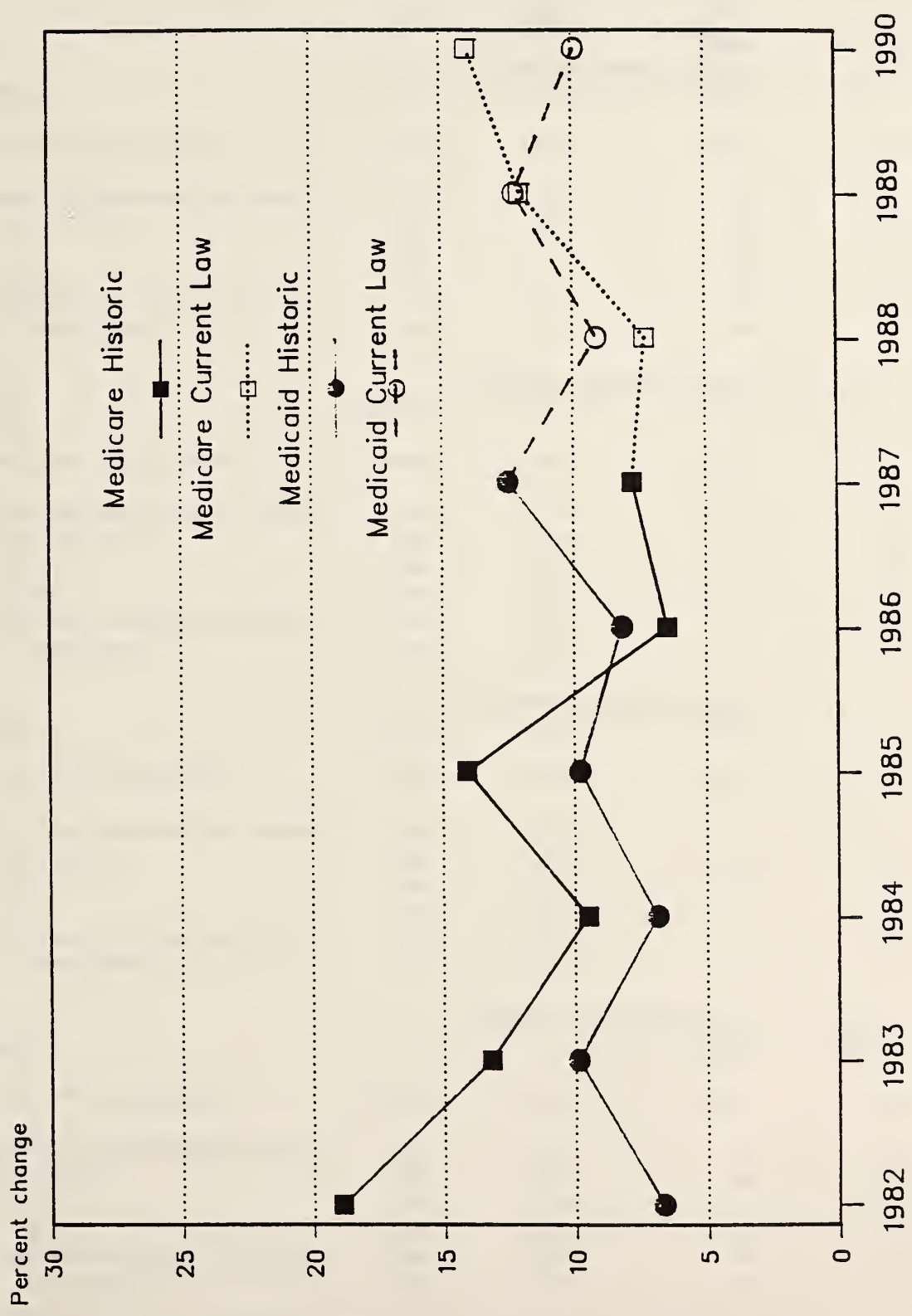
Trends in Program Benefit Payments Fiscal Years 1981-1990



Source: HCFA/OBA/OACT

May 1989

Percent Change in Program Benefit Payments Fiscal Years 1982 - 1990



Source: HCFA/OBA/OACT

May 1989

HCFA BENEFIT OUTLAYS BY PROGRAM

	<u>1967</u>	<u>1968</u>	<u>1988</u> <u>(prel.)</u>	<u>1989</u> <u>(est.)</u>
	<u>Benefit Outlays Per Year</u>			
<u>Annually</u>	(bill.)	(bill.)	(bill.)	(bill.)
Total HCFA Program Outlays	\$5.1	\$8.4	\$138	\$154
Total HCFA Program Outlays (Federal)	N/A	6.8	115	129
Total Medicare	3.2	5.1	86	96
HI	2.5	3.7	52	57
SMI	0.7	1.4	34	39
Total Medicaid (Federal and State)	1.9	3.3	52	58
Federal Share	N/A	1.6	29	33
	<u>Benefit Outlays Per Month</u>			
<u>Monthly</u>	(mill.)	(mill.)	(bill.)	(bill.)
Total HCFA Program Outlays	\$426	\$704	\$11.5	\$12.9
Total HCFA Program Outlays (Federal)	N/A	564	9.5	10.7
Total Medicare	264	427	7.1	8.0
HI	209	311	4.3	4.8
SMI	55	116	2.8	3.2
Total Medicaid (Federal and State)	101	277	4.3	4.9
Federal Share	N/A	137	2.4	2.7
	<u>Benefit Outlays Per Hour</u>			
<u>Hourly</u>	(thou.)	(thou.)	(mill.)	(mill.)
Total HCFA Program Outlays	\$583	\$964	\$15.7	\$17.6
Total HCFA Program Outlays (Federal)	N/A	773	13.1	14.7
Total Medicare	362	585	9.8	11.0
HI	286	426	5.9	6.5
SMI	76	159	3.8	4.4
Total Medicaid (Federal and State)	221	379	5.9	6.7
Federal Share	N/A	188	3.3	3.7
	<u>Benefit Outlays Per Minute</u>			
<u>Minutely</u>			(thou.)	(thou.)
Total HCFA Program Outlays	\$9,720	\$16,065	\$262	\$294
Total HCFA Program Outlays (Federal)	N/A	12,882	218	245
Total Medicare	6,035	9,753	163	183
HI	4,772	7,108	99	109
SMI	1,263	2,645	64	74
Total Medicaid (Federal and State)	3,685	6,313	99	111
Federal Share	N/A	3,130	55	62

NOTE: Data as of December 12, 1988; for FY 1989 HI and Totals including HI include estimates for catastrophic HI provisions.

II. PROSPECTIVE PAYMENT SYSTEM (PPS) ACTIVITY

Medicare Hospital Status Under the Prospective Payment System
as of September 1988

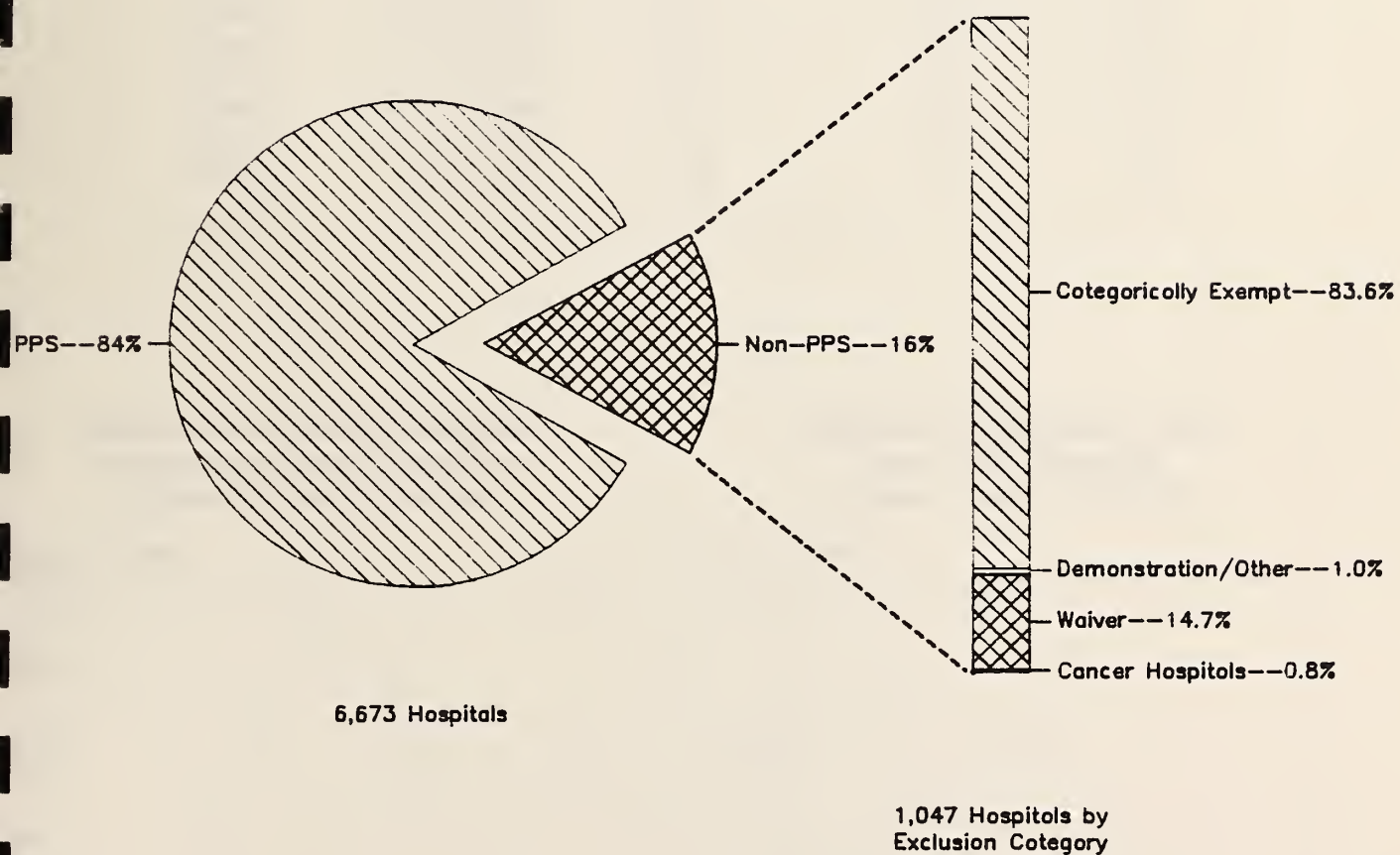
Total Hospitals	6,673
Hospitals under PPS	5,626
Hospitals Receiving Special Consideration:	597
Regional Referral Centers ¹	227
Sole Community Hospitals ¹	370
Non-PPS Hospitals	1,047
Categorically Exempt:	875
Psychiatric	608
Rehabilitation	100
Other Long-Term	87
Children's	58
Christian Science	22
Short-Stay Hospitals in Waiver States or Demonstrations	160
Short-Stay Hospitals in Outlying Areas	4
Cancer Hospitals	8
Total Excluded Units	1,616
Psychiatric	1,051
Rehabilitation	565

¹Data as of March 1989

SOURCE: HCFA/BERC/HSQB/BDMS

May 1989

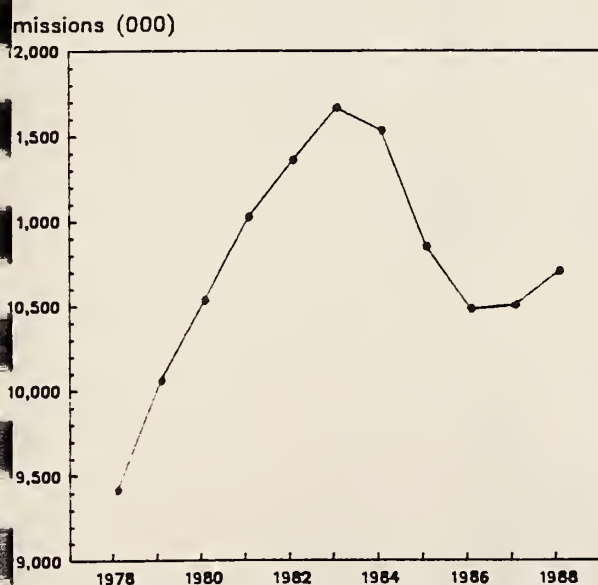
Medicare Participating Hospitals by PPS Status and Exclusion Category as of September 1988



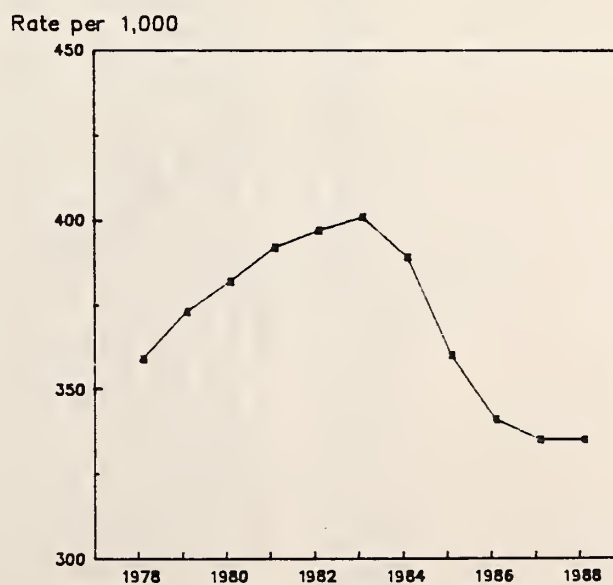
Medicare Inpatient Hospital Admissions/Trends

Estimated Inpatient Hospital Admissions and Transfers				
Fiscal Year	Number (000)	Percent Change	Rate per 1,000 Enrolled	Percent Change
1978	9,432	--	360	--
1979	10,076	6.8	374	3.9
1980	10,551	4.7	383	2.4
1981	11,042	4.7	393	2.6
1982	11,376	3.0	398	1.3
1983	11,684	2.7	402	1.0
1984	11,546	-1.2	390	-3.0
1985	10,864	-5.9	361	-7.4
1986	10,496	-3.4	342	-5.3
1987	10,523	0.3	336	-1.8
1988	10,722	1.9	336	0.0

Estimated Inpatient Hospital Admissions and Transfers
Fiscal Years 1978-88



Estimated Admission Rate Per 1,000 Enrolled
Fiscal Years 1978-88



Medicare Short-Stay Hospital
Average Length of Stay
Fiscal Years 1983-88
(in days)

	1983	1984	1985	1986	1987	1988
All Short-Stay	10.0	9.1	8.7	8.7	8.9	8.9
PPS Only <u>1/</u>	--	8.0	7.9	8.2 <u>3/</u>	8.5 <u>4/</u>	8.5 <u>5/</u>
Non-PPS <u>2/</u> Excluded Units	10.0 --	10.1 18.0	12.5 18.8	13.4 19.2	13.3 19.7	13.0 19.5

1/ Bills for stays that overlap a hospital's transition into PPS are aggregated and included in PPS. Average length of stay may differ from that based on only that portion of stays actually covered by PPS.

2/ Includes pre-PPS experience, hospitals in waiver States, cancer hospitals, PPS-excluded units, demonstration hospitals, and hospitals in outlying areas.

3/ Short-stay hospitals in Massachusetts transitioned into PPS beginning September 1985 based on each provider's fiscal year start date.

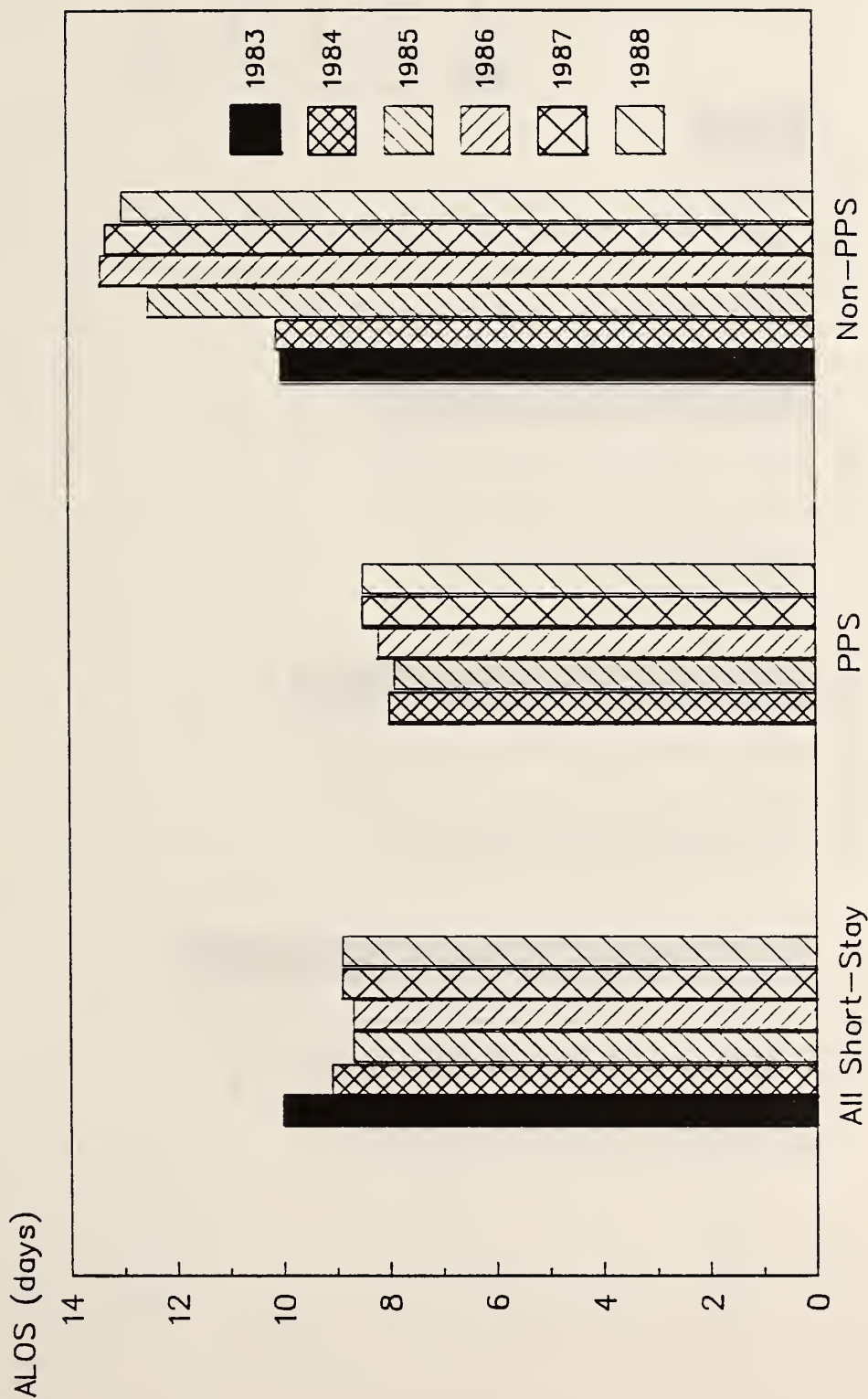
4/ On 10/1/87 short-stay hospitals in Puerto Rico transitioned into PPS.

5/ The Rochester, New York demonstration terminated 12/31/87. Hospitals covered by that demonstration were covered by PPS after that date.

Source: For all Short-Stay, PPS, and Non-PPS hospitals, data are based on a 20-percent sample of Medicare HI enrollees (20-percent MEDPAR file). Data may differ from other sources (for example, discharge bills or 100-percent MEDPAR) or from the same source with a different update cycle.

May 1989

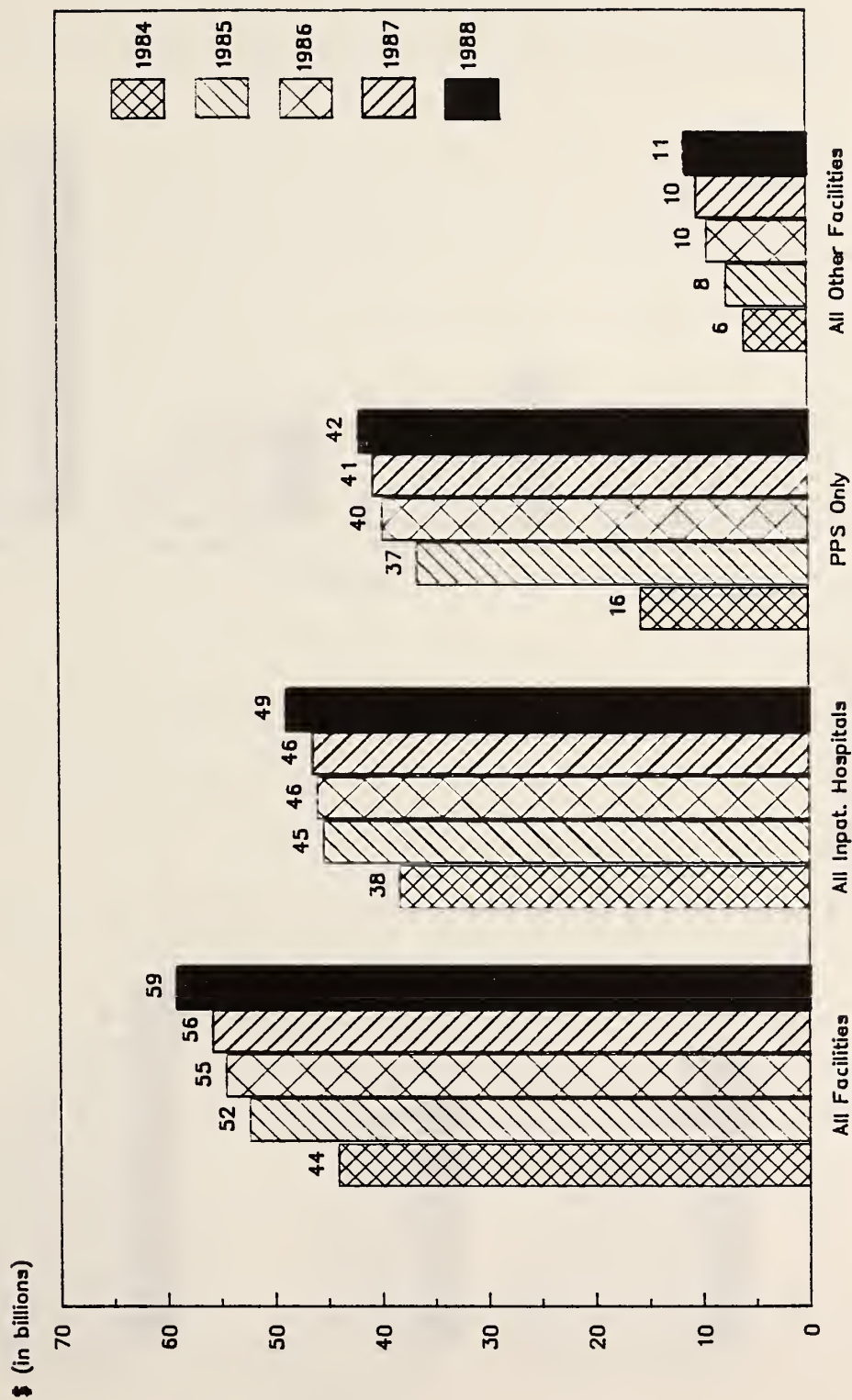
Medicare Short-Stay Hospital Average Length of Stay Fiscal Years 1983-88



NOTE: Based on the 20-percent MEDPAR file
Source: HCFA/BDMS

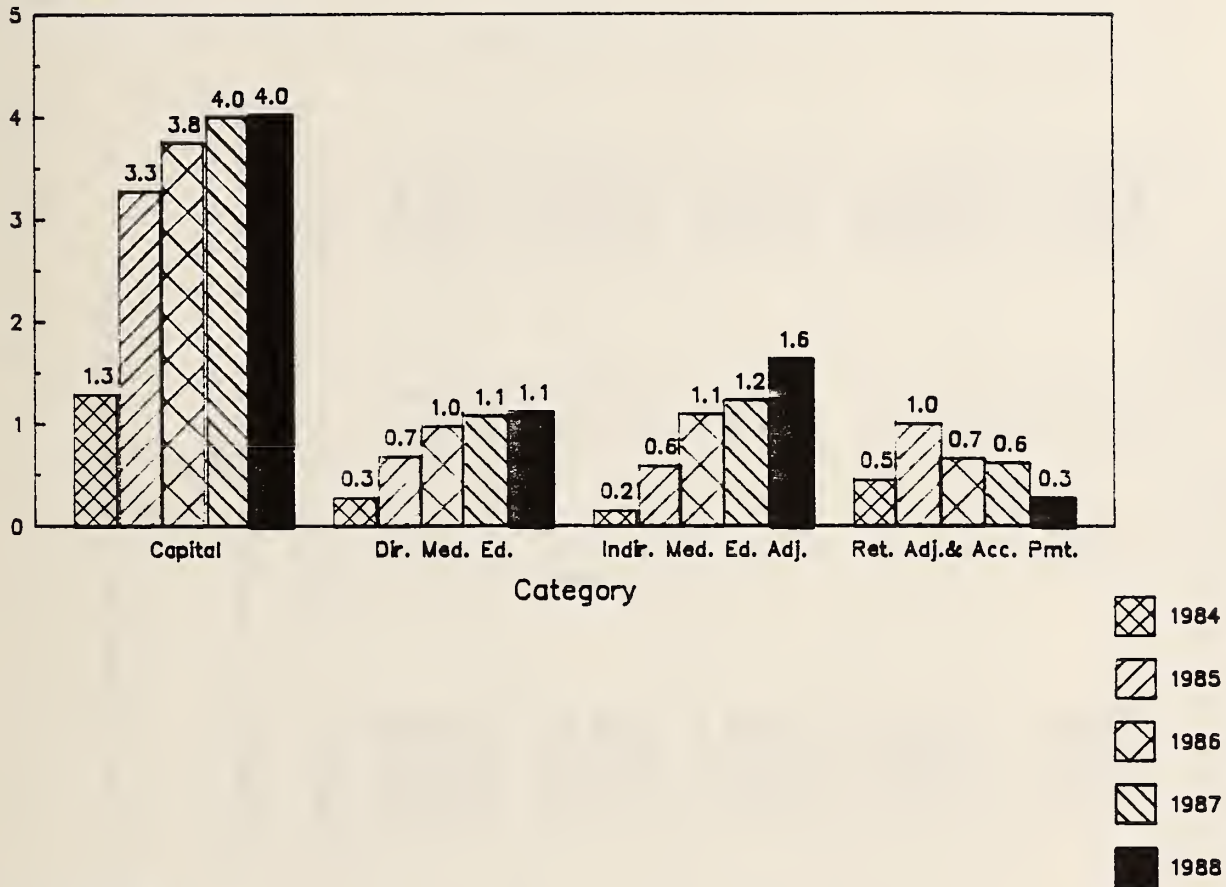
May 1989

Medicare PPS Benefit Payment Trends Fiscal Years 1984 - 1988

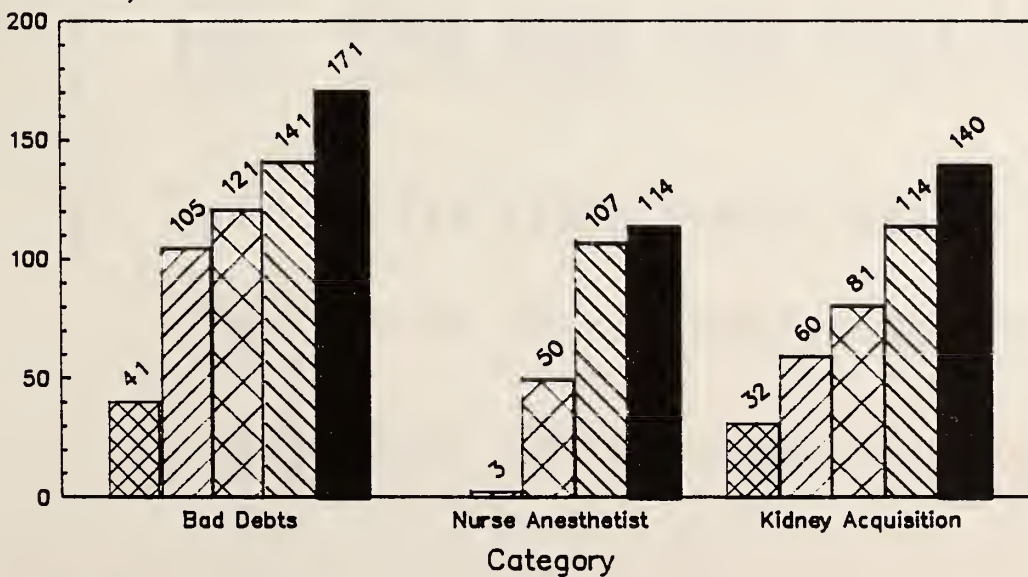


Non-Billing PPS Reimbursement By Category **Fiscal Years 1984-1988**

\$ (in billions)



\$ (in millions)



Medicare Prospective Payment System/DRG Ranking--PPS Bills

FY 88

FY 88 Rank	FY 87 Rank	DRG No.	DRG Relative Weight	Discharges	Percent	Average Length of Stay	Average Reimbursement* Per Discharge
Total				7,945,876	100.0%	8.4	\$3,678
1	1	127	1.0222	428,836	5.4	8.0	2,771
2	2	140	0.6689	293,554	3.7	4.8	1,549
3	4	014	1.2429	262,059	3.3	10.5	3,508
4	3	089	1.2862	257,123	3.2	9.2	3,451
5	5	182	0.7224	191,230	2.4	6.3	1,778
6	6	096	0.9804	174,313	2.2	7.3	2,494
7	9	209	2.4145	167,594	2.1	12.6	7,056
8	7	296	0.9259	149,095	1.9	8.5	2,554
9	8	138	0.8535	139,176	1.8	6.2	2,209
10	13	015	0.6293	120,951	1.5	5.5	1,489
11	11	320	1.0230	114,146	1.4	8.7	2,762
12	15	121	1.7162	111,500	1.4	10.6	4,631
13	12	174	0.9878	108,000	1.4	7.2	2,630
14	20	410	0.4742	104,420	1.3	3.4	1,462
15	14	243	0.6694	104,401	1.3	6.8	1,533
16	17	122	1.2002	100,332	1.3	7.6	2,907
17	19	468	2.4679	96,279	1.2	16.3	8,286
18	16	148	3.2376	88,587	1.1	17.2	10,189
19	89	337	0.7505	87,557	1.1	4.7	1,800
20	23	125	0.6884	85,710	1.1	3.1	1,818
21	26	416	1.5894	84,156	1.1	10.4	4,708
22	28	112	1.8911	83,243	1.0	7.4	5,999
23	24	294	0.7493	81,159	1.0	7.5	1,854
24	22	079	2.0777	81,022	1.0	12.4	6,205
25	10	336	1.0774	80,870	1.0	6.9	2,865

* Billing reimbursement reflects DRG determined price plus outlier payments, if any, less beneficiary responsibility for deductible and coinsurance. Excluded are a prorated share of passthrough payments for capital, direct medical education, kidney acquisition, bad debts and nurse anesthetists and the indirect medical education and disproportionate share adjustments.

NOTE: Based on bills processed through September 1988.

Source: HCFA/BDMS

May 1989

Medicare Prospective Payment System/DRG Ranking--PPS Bills

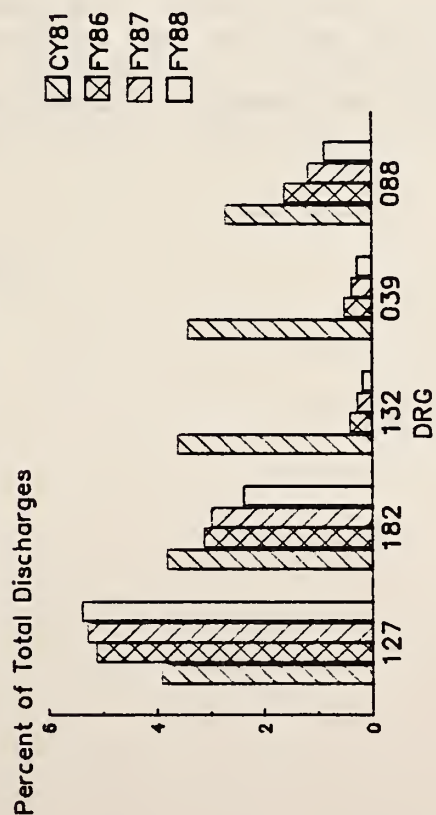
FY 88 Rank	FY 87 Rank	DRG Number	Description
1	1	127	Heart Failure and Shock
2	2	140	Angina Pectoris
3	4	014	Specific Cerebrovascular Disorders Except Transient Ischemic Attack
4	3	089	Simple Pneumonia and Pleurisy, Age Over 17 with Complicating Conditions
5	5	182	Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age Over 17 with Complicating Conditions
6	6	096	Bronchitis and Asthma, Age Over 17 with Complicating Conditions
7	9	209	Major Joint and Limb Reattachment Procedures
8	7	296	Nutritional and Miscellaneous Metabolic Disorders, Age Over 17 with Complicating Conditions
9	8	138	Cardiac Arrhythmia and Conduction Disorders, with Complicating Conditions
10	13	015	Transient Ischemic Attack and Precerebral Occlusions
11	11	320	Kidney and Urinary Tract Infections, Age Over 17 with Complicating Conditions
12	15	121	Circulatory Disorders with Acute Myocardial Infarction and Cardiovascular Complications, Discharged Alive
13	12	174	Gastrointestinal Hemorrhage with Complicating Conditions
14	20	410	Chemotherapy
15	14	243	Medical Back Problems
16	17	122	Circulatory Disorders with Acute Myocardial Infarction, without Cardiovascular Complications, Discharged Alive
17	19	468	Unrelated Operating Room Procedures
18	16	148	Major Small and Large Bowel Procedures with Complicating Conditions
19	89	337	Transurethral Prostatectomy, without Complicating Conditions
20	23	125	Circulatory Disorders excluding Acute Myocardial Infarction, with Cardiovascular Catheter without Complex Diagnosis
21	26	416	Septecemia, Age Over 17
22	28	112	Vascular Procedures Except Major Reconstruction, without Pump
23	24	294	Diabetes, Age Over 35
24	22	079	Respiratory Infections and Inflammations, Age Over 17 with Complicating Condition
25	10	336	Transurethral Prostatectomy, with Complicating Conditions

Source: HCFA/BDMS

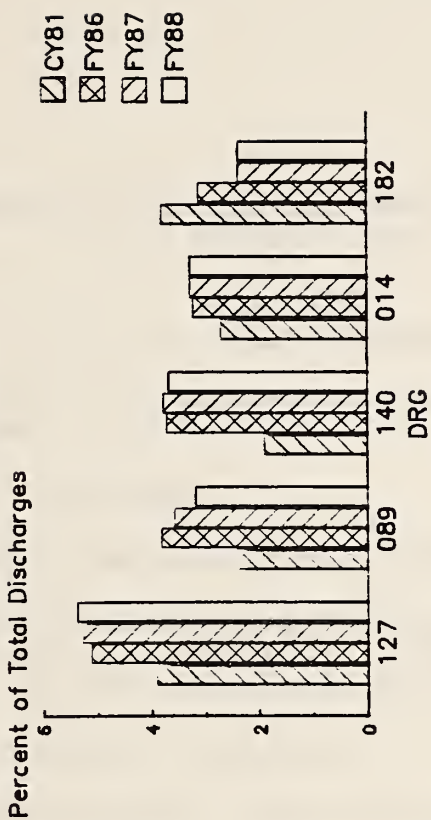
May 1989

Trends in Top 5 DRGs from CY 81 and FY 86–FY 88

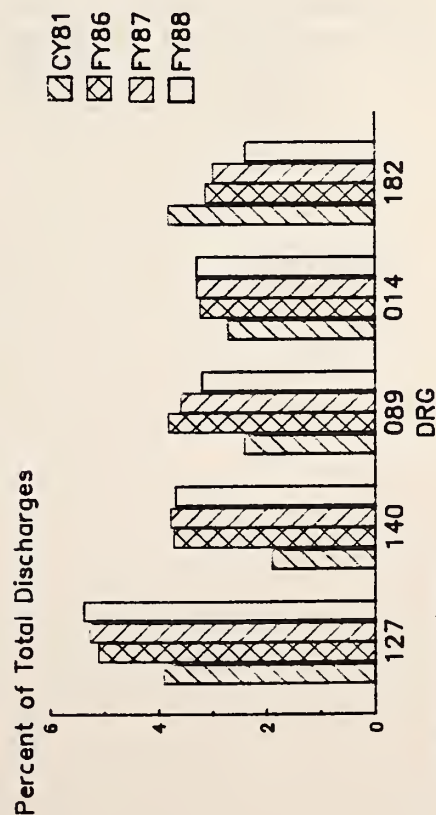
CY 81 Top 5



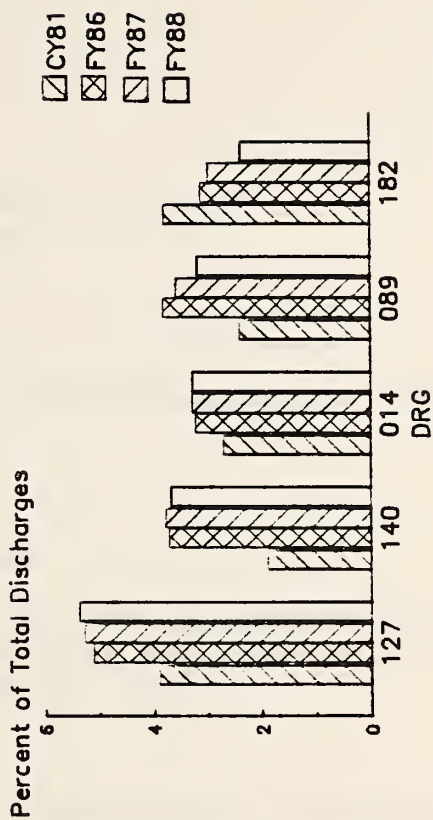
FY 86 Top 5



FY 87 Top 5



FY 88 Top 5



Source: HCFA/BDMS

May 1989

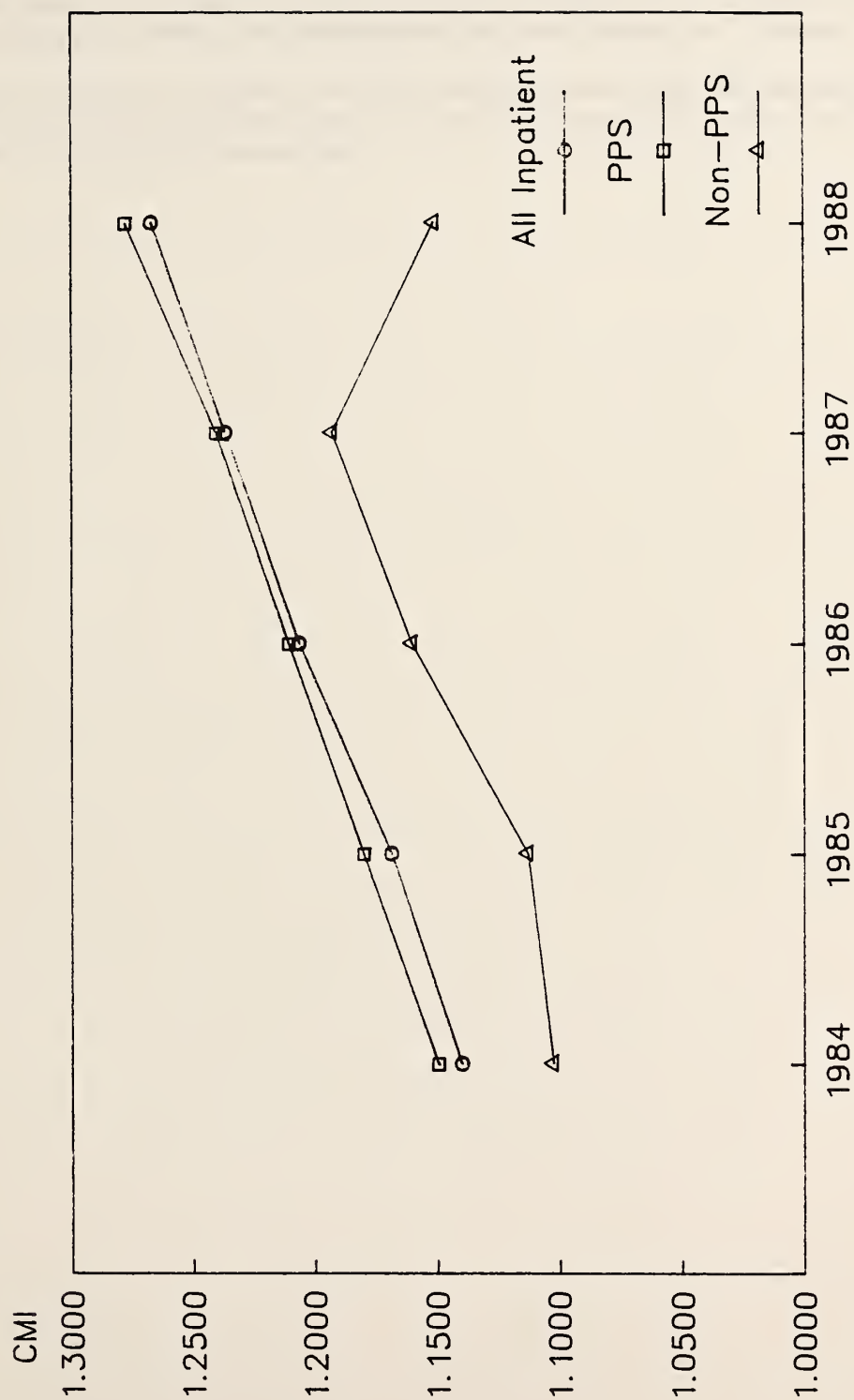
Narrative for Charted DRGs/Calendar Year 1981
and Fiscal Years 1986-1988

<u>DRG Number</u>	<u>Description</u>
014	Specific Cerebrovascular Disorders Except Transient Ischemic Attack
039	Lens Procedures
088	Chronic Obstructive Pulmonary Disease
089	Simple Pneumonia and Pleurisy, Age Over 69 and/or Complicating Conditions (FY 1986-87); Simple Pneumonia and Pleurisy, Age Over 17 with Complicating Conditions (FY 1988)
127	Heart Failure and Shock
132	Atherosclerosis, Age Over 69 and/or Complicating Conditions
140	Angina Pectoris
182	Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age Over 69 and/or Complicating Conditions (CY 1981, FY 1986-87); Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age Over 17 with Complicating Conditions (FY 1988)

Source: HCFA/BDMS

May 1989

National Case Mix Index Fiscal Years 1984–1988



Source: HCFA/BDMS

May 1989

III. EXPENDITURES

Information about proposed, current and past spending for health care by Medicare, Medicaid, HCFA, the Department and the nation as a whole.

Health care spending is shown for HCFA programs and national aggregates over time. Data are shown by type of service, source of funds and broad beneficiary eligibility categories.

HEALTH CARE SPENDING HIGHLIGHTS

- o Spending for all health care amounted to \$500.3 billion in 1987 or 11.1 percent of the Gross National Product (GNP).
- o Combined Medicare and Medicaid spending accounted for 27.0 percent of total health care expenditures in 1987.
- o The majority of Medicare expenditures are for hospital care. The majority of Medicaid expenditures are for nursing home care.

National health expenditures have grown more rapidly than the rest of the economy.

- o Between calendar year 1980 and 1987, national health expenditures grew 10.5 percent per year.
- o During the same period, the gross national product grew 7.5 percent per year.
- o National health expenditures have increased as a share of the gross national product, rising from 9.1 percent in calendar year 1980 to 11.1 percent in calendar year 1987.

Various factors affect the increases in health care expenditures.

- o Personal health care expenditures increased from \$219.1 billion in 1980 to \$442.6 billion in 1987.
- o Population growth has continued to contribute about the same proportion of the increase in personal health expenditures.
- o Price inflation (including medical care and general price inflation) continues to be the major factor.
- o From 1980 to 1985, factors other than price or population (for example, more intensive utilization per person, changes in the types of care rendered, and technological advances) became a decreasing proportion of the increase in personal health care expenditures. From 1986 to 1987, the proportion contributed by these factors was about the same as in the 1975-1980 period.

The composition of health spending has shifted toward hospital and nursing home care.

- o In calendar year 1965, before the implementation of Medicare and Medicaid, hospital care and nursing home care accounted for 33.3 percent and 4.9 percent of national health expenditures, respectively.
- o By calendar year 1987, hospital care consumed 38.9 percent of the health dollar and nursing home care accounted for another 8.1 percent.
- o During the same period, expenditure for research and construction dropped from 8.4 percent of the total to 3.4 percent.

Medical care price indexes continue to increase at a faster rate than the all item Consumer Price Indexes.

- o In recent years, changes in the CPI for all items have lagged considerably behind those physicians' and hospital services.
- o In 1988, the CPI for all items increased 4.1 percent from the preceding year compared to 7.0 percent for physicians' services and 8.4 percent for hospital rooms.

Employment, hours, and earnings in health care establishments have generally grown faster than the general economy, and are less vulnerable to business cycles. However, this trend was reversed in 1984. The relationship has since returned to the more normal pattern.

- o Work hours in nonagricultural establishments increased 3.7 percent between 1987 and 1988 compared to an increase of 5.3 percent for health care establishments over the same period.

May 1989

Type of Service	Total Program Payments		Medicare 1/		Medicaid 2/	
	Amount	Percent Distribution	Amount	Percent Distribution	Amount	Percent Distribution
	(in millions)					
Total	\$125,002	100.0	\$ 79,904	100.0	\$45,098	100.0
Inpatient Hospital	59,698	47.8	46,996 <u>3/</u>	62.3	12,702	28.2
Skilled Nursing Facilities	6,598	5.3	627	0.8	5,971	13.2
Other Nursing Home	12,916	10.3	--	--	12,916	28.6
Home Health	4,027	3.2	2,329	3.1	1,698	3.8
Physician Services	26,041	20.8	23,262 <u>4/</u>	26.3	2,779	6.2
Outpatient	8,006	6.4	5,780 <u>5/</u>	6.6	2,226	4.9
Clinic	955	0.8	<u>5/</u>	--	955	2.1
Prescribed Drugs	2,999	2.4	--	--	2,999	6.6
Other Care	3,761	3.0	910 <u>6/</u>	1.0	2,851 <u>7/</u>	6.3

- 1/ Estimated.
2/ Vendor payments (Federal and State) from statistical reporting system; excludes premiums and capitation amounts.
3/ Includes PRO expenditures.
4/ Includes physicians, other practitioners, and Part B suppliers (total of \$21,926 million), and group practice prepayment plans (\$1,336 million).
5/ Covered clinic services are included under outpatient.
6/ Independently billing laboratory and hospice.
7/ Includes dental (\$541 million), other practitioners (\$265 million), laboratory and radiological services (\$469 million), family planning services (\$227 million), early periodic screening (\$115 million), rural health clinic services (\$13 million), and other care (\$1,220 million).

NOTE: Percent distribution based on rounded numbers.

Source: HCFA/OACT/BDMS

May 1989

MEDICARE/TRUST FUND PROJECTIONS

	FY 1988	FY 1989	FY 1990
	(dollars in millions)		
HI Total Disbursements <u>1/</u>	\$52,730	\$58,383	\$64,290
HI Administrative Expenses <u>2/</u>	867	1,283	1,221
HI Benefit Payments	51,862	57,100	63,069
Aged	46,188	50,813	55,906
Disabled	5,674	6,287	7,163
SMI Total Disbursements <u>1/</u>	34,947	40,024	47,557
SMI Administrative Expenses <u>2/</u>	1,269	1,280	1,412
SMI Benefit Payments	33,677	38,744	46,145
Aged	29,991	34,576	41,340
Disabled	3,686	4,168	4,805
Catastrophic Drug Total Disbursements <u>1/</u>	--	--	150
Drug Administrative Expenses <u>2/</u>	--	--	86
Drug Benefit Payments	--	--	64

1/ Includes the effect of regulatory items and recent legislation but not proposed law. HI and SMI include related Catastrophic expenditures. Totals do not necessarily equal the sum of rounded components.

2/ Includes the sum of administrative costs, research, and PROs.

Source: HCFA/OBA

May 1989

MEDICARE/TYPE OF BENEFIT

- o Medicare benefit payments for inpatient hospital care are projected to increase 20.0 percent from fiscal year 1988 to 1990.
- o Physician and supplier payments under Medicare are expected to increase 29.0 percent from fiscal year 1988 to 1990.

	Benefit Payments <u>1/</u> (in millions)				Percent Distribution FY 1990
	FY 1987	FY 1988	FY 1989	FY 1990	
Total HI ^{2/}	\$49,813	\$51,858	\$57,100	\$63,069	100.0
Inpatient Hospital	46,842	48,857	53,259	58,620	92.9
Skilled Nursing Facility	627	649	872	1,102	1.7
Home Health Agency	2,281	2,262	2,849	3,187	5.1
Hospice	63	90	120	160	0.3
Total SMI	29,937	33,682	38,744	46,145	100.0
Physician/Other Suppliers	21,926	24,243	26,744	31,275	67.8
Outpatient	5,780	6,460	8,292	10,190	22.1
Home Health Agency	48	51	41	80	0.2
Group Practice Prepayment	1,336	1,952	2,504	3,181	6.9
Independent Laboratory	847	976	1,163	1,419	3.1

1/ Includes the effect of regulatory items and recent legislation but not proposed law. Includes Catastrophic benefits, beginning in FY 1989 for HI and in FY 1990 for SMI.

2/ Excludes PRO expenditures.

NOTE: Benefits by type of service are estimated and are subject to change.

Source: HCFA/OACT for FY 1987-88 and OBA for FY 1989-90

May 1989

Medicaid/Basis of Eligibility

	Vendor Payments (in millions)				Percent Distribution FY 1987
	FY 1984	FY 1985	FY 1986	FY 1987	
Total	\$33,891	\$37,508	\$41,005	\$45,098	100.0
Aged (65 and over)	12,815	14,096	15,097	16,133	35.8
Blind	219	249	277	309	0.7
Disabled	11,758	13,203	14,635	16,450	36.5
Dependent children under age 21	3,979	4,414	5,135	5,536	12.3
Adults in families with dependent children	4,420	4,746	4,880	5,603	12.4
Other Title XIX	700	798	980	1,070	2.4

NOTES: Vendor payments exclude premiums and capitation amounts.
Totals do not necessarily equal the sum of rounded components.

Source: HCFA/BDMS

May 1989

Medicaid/Type of Service

	Vendor Payments (in millions)			Percent Distribution FY 1987
	FY 1984	FY 1985	FY 1986	
Total	\$33,891	\$37,508	\$41,005	100.0
Inpatient Services	9,890	10,645	11,477	28.2
General Hospitals	8,848	9,453	10,364	25.0
Mental Hospitals	1,042	1,192	1,113	3.1
Skilled Nursing Facilities	4,810	5,071	5,660	13.2
ICF Services	10,079	11,247	11,845	28.6
Mentally Retarded	4,256	4,731	5,072	12.4
All Other	5,823	6,516	6,773	16.2
Physician Services	2,220	2,346	2,547	6.2
Dental Services	469	458	531	1.2
Other Practitioner Services	232	251	252	0.6
Outpatient Hospital Services	1,646	1,789	1,980	4.9
Clinic Services	594	714	807	2.1
Laboratory & Radiological Services	207	337	424	1.0
Home Health Services	774	1,120	1,352	3.8
Prescribed Drugs	1,968	2,315	2,692	6.6
Family Planning Services	164	195	226	0.5
Early and Periodic Screening	78	85	102	0.3
Rural Health Clinics	6	7	10	0.0
Other Care	754	928	1,100	2.7

NOTE: Vendor payments exclude premiums and capitation amounts.

Source: HCFA/BDMS

May 1989

Medicaid Expenditures/Type of Service and Basis of Eligibility
Fiscal Year 1987

	Total Vendor Payments	Inpatient Hospital Services	Other Services	Long-Term Care Services 1/
	Percent Distribution			
All Groups	100.0	25.0	26.2	48.8
Aged (65 and over)	35.8	3.0	4.2	28.5
Blind and Disabled	37.2	9.3	8.8	19.1
Children (under 21)	14.7	6.8	6.8	1.1
AFDC-type Adults	12.4	5.9	6.4	.2

1/ Includes services in mental facilities, SNF, ICF, ICF/MR, and home health services.

NOTE: Totals do not necessarily equal the sum of rounded components

Source: HCFA/BDMS

May 1989

NATIONAL HEALTH CARE/TYPE OF EXPENDITURE - CY 1987

	National Total (in billions)	Per Capita	Percent Paid		
			Total	Medicare	Medicaid
Total	\$500.3	\$1,987	27.0	16.6	10.4
Health Services and Supplies	483.2	1,919	27.9	17.2	10.7
Personal Health Care	442.6	1,758	29.5	18.4	11.2
Hospital Care	194.7	773	36.5	27.4	9.1
Physicians' Services	102.7	408	26.0	21.7	4.3
Nursing Home Care	40.6	161	45.3	1.4	43.9
Other Health Services	104.6	415	13.8	4.9	9.0
Other Services and Supplies	40.7	161	10.6	4.4	6.2
Research/Construction	17.1	68	--	--	--

Source: HCFA/OACT

May 1989

National Health Care/Trends by Type of Expenditures

	National Health Expenditures		Annual Percent Change	
	CY1987	CY1988 1/ CY1989 2/	CY1987-88	CY1988-89
	(in billions)			
Total	\$507.0	\$558.7	\$618.4	10.2
Health services and supplies	485.4	535.7	594.0	10.4
Personal health care	447.0	494.8	550.0	10.7
Hospital care	196.9	216.2	238.7	10.0
Physicians' services	100.1	112.9	127.6	12.8
Dentists' services	33.2	37.0	41.2	11.2
Other professional services	20.8	24.1	28.0	15.9
Consumer nondurables 3/	36.5	39.0	42.0	6.8
Consumer durables	9.4	10.5	11.7	11.7
Nursing home care	40.0	43.8	48.8	9.5
Other health services	10.1	11.3	12.5	11.9
Program administration and net cost of insurance	24.0	25.0	26.4	4.1
Government public health activities	14.4	15.9	17.6	10.4
Research and construction of medical facilities	21.6	23.0	24.4	6.0
Research 4/	13.4	14.6	15.8	9.0
Construction	8.3	8.4	8.7	1.2

1/ Estimated.

2/ Forecast.

3/ Includes only expenditures for prescription drugs, over-the-counter drugs, and medical sundries dispensed through retail channels. Spending for drugs dispensed in hospitals and by physicians is reported within those cost categories.

4/ Research now includes commercial research activities of drug companies.

NOTE: Totals do not necessarily equal the sum of rounded components.

Source: U.S. Department of Commerce and International Trade Administration (ITA); estimates and forecasts by ITA.

May 1989

HCFA BENEFIT PAYMENTS/MAJOR PERSONAL HEALTH EXPENDITURE SERVICE CATEGORIES - CY 1987

Type of Service 1/	Total Program Payments		Medicare		Medicaid	
	Amount	Distribution Percent	Amount	Distribution Percent	Amount	Distribution Percent
(in billions)						
Total	\$130.6	100.0	\$81.2	100.0	\$49.4	100.0
Hospital Care	71.0	54.4	53.3	65.6	17.8	36.0
Physicians' Services	26.7	20.5	22.3	27.4	4.4	9.0
Dentists' Services	0.6	0.4	--	--	0.6	1.1
Other Professional Services 2/	5.0	3.8	2.0	2.4	3.0	6.1
Drugs and Medical Sundries	3.4	2.6	--	--	3.4	6.9
Eyeglasses and Appliances	1.8	1.4	1.8	2.2	--	--
Nursing Home Care	18.4	14.1	0.6	0.7	17.8	36.1
Other Health Services	3.8	2.9	1.3	1.6	2.4	4.9

1/ Service categories used in this table are based on the National Health Accounts and differ from those used elsewhere to present program data. For example, expenditures for hospital-based ICF-MR and hospital-based home health services appear as hospital care rather than as nursing home care or as home health services.

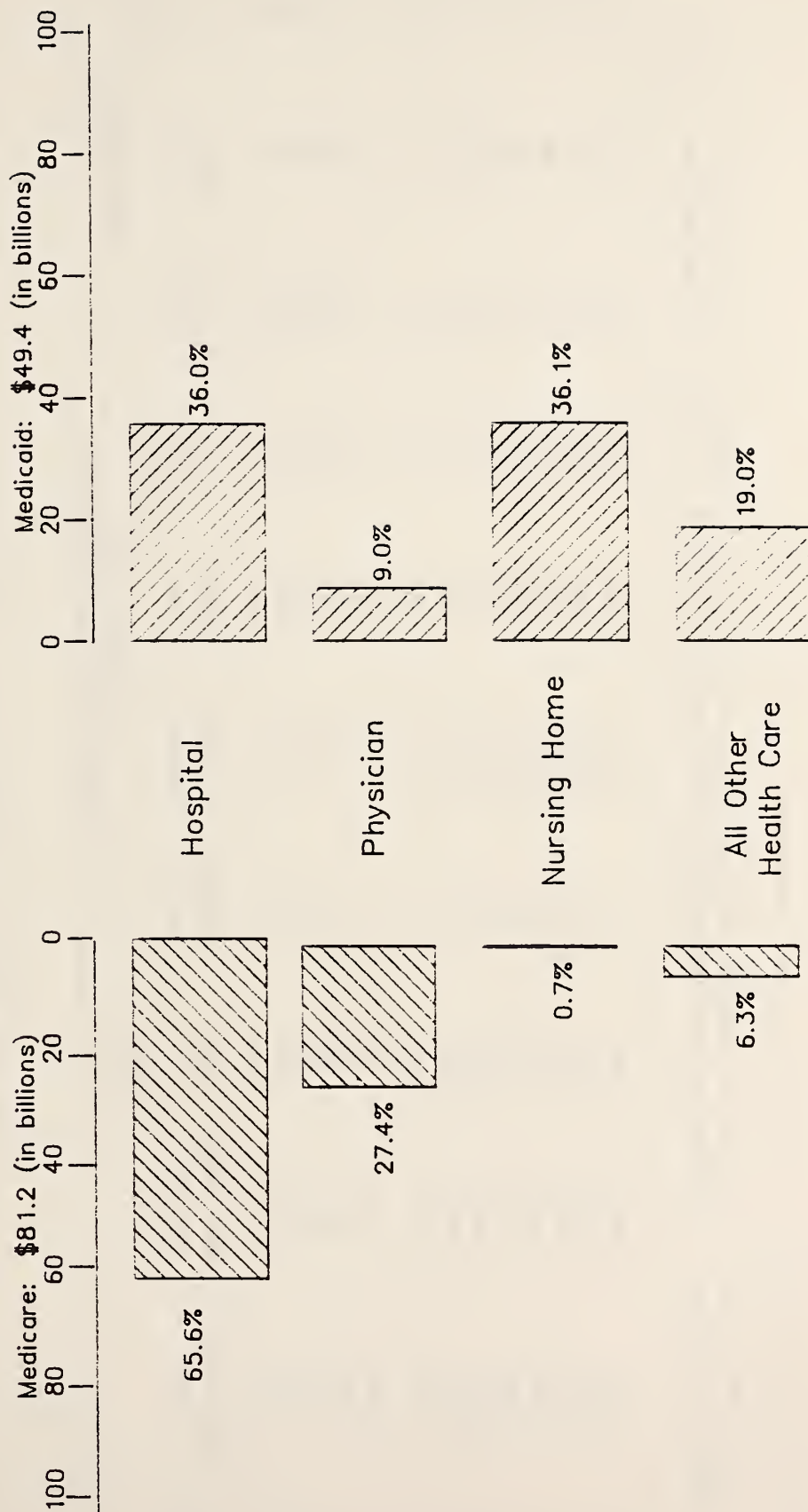
2/ Other professional services include private-duty nurses, chiropractors, optometrists, and home health professionals, as well as other undesignated health professionals.

NOTE: Payments under the Medicaid program are more commonly referred to as medical assistance payments which include vendor payments and certain premiums or per capita payments. The Federal share of total Medicaid payments is 54 percent.

Source: HCFA/OACT

May 1989

Medicare and Medicaid Benefit Payments as a Percent of Total Benefit Payments by Type of Service – Calendar Year 1987



Source: HCFA/OACT

May 1989

NATIONAL HEALTH CARE/TRENDS IN PUBLIC VS. PRIVATE FUNDING

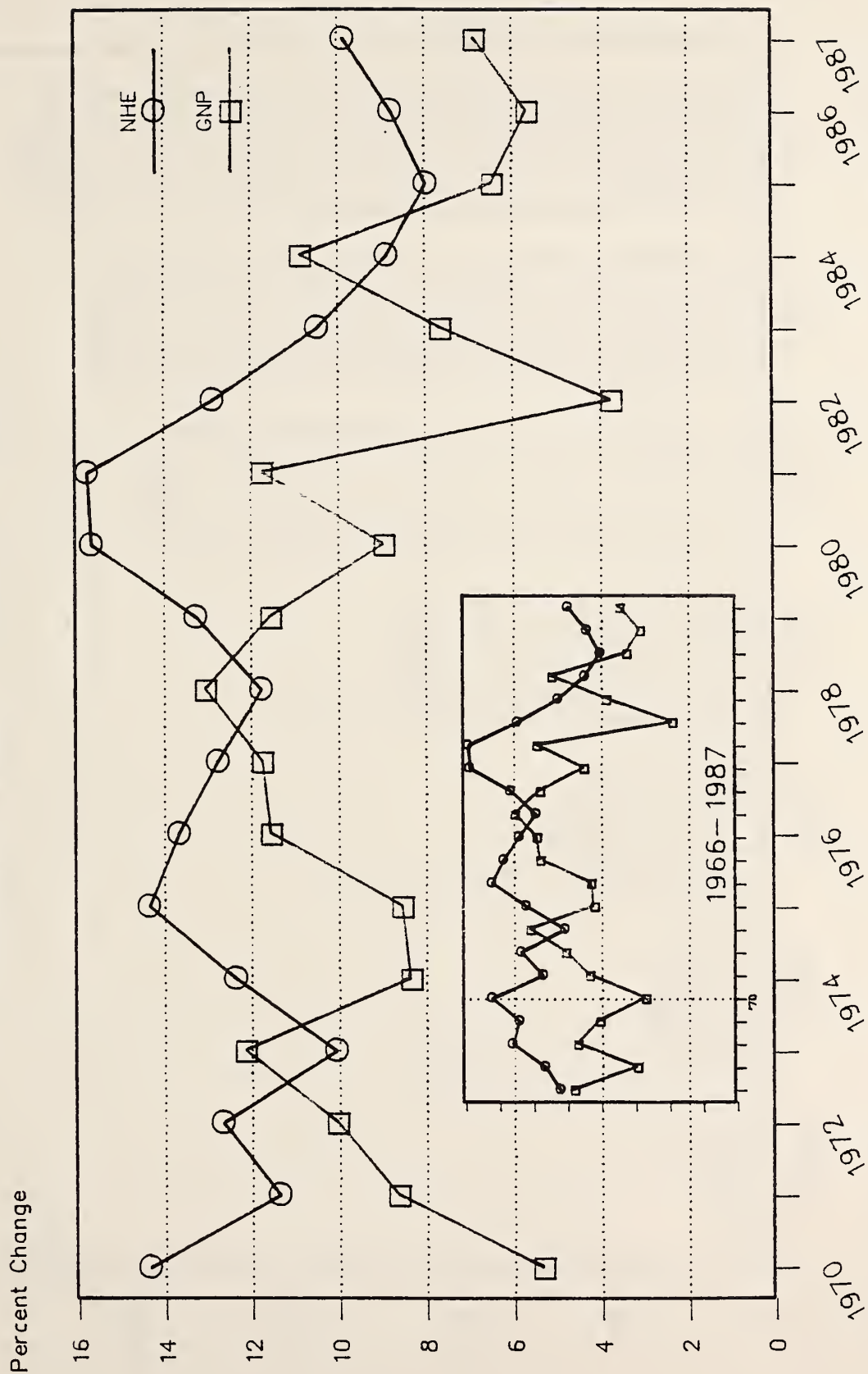
Calendar Year	National Health Expenditures									
	Total					Percent of Total				
	GNP (billions)	Amount (billions)	Per Capita	Percent of GNP	Amount (billions)	Per Capita	Percent of Total	Amount (billions)	Per Capita	Percent of Total
1965	\$705	\$41.9	\$206	5.9	\$30.9	\$152	73.8	\$11.0	\$54	26.2
1966	772	46.3	224	6.0	32.7	159	70.7	13.6	66	29.3
1967	816	51.5	247	6.3	32.5	156	63.2	19.0	91	36.8
1970	1,015	75.0	349	7.4	47.2	220	63.0	27.8	129	37.0
1975	1,598	132.7	591	8.3	76.4	340	57.5	56.3	251	42.5
1980	2,732	248.1	1,055	9.1	142.9	608	57.6	105.2	447	42.4
1981	3,053	287.0	1,208	9.4	165.8	698	57.8	121.2	510	42.2
1982	3,166	323.6	1,348	10.2	188.4	785	58.2	135.3	564	41.8
1983	3,406	357.2	1,473	10.5	209.7	865	58.7	147.5	609	41.3
1984	3,772	388.5	1,587	10.3	228.8	935	58.9	159.6	652	41.1
1985	4,015	419.0	1,696	10.4	244.0	987	58.2	175.0	708	41.8
1986	4,240	455.7	1,827	10.7	266.8	1,069	58.5	188.9	757	41.5
1987	4,527	500.3	1,987	11.1	293.0	1,164	58.6	207.4	824	41.4

NOTE: These data reflect: 1) Bureau of Economic Analysis, Department of Commerce revisions to Gross National Product as of December 1987, and 2) Social Security Administration revisions to the population as of May 1988.

Source: HCFA/OACT and Bureau of Economic Analysis, Department of Commerce

May 1989

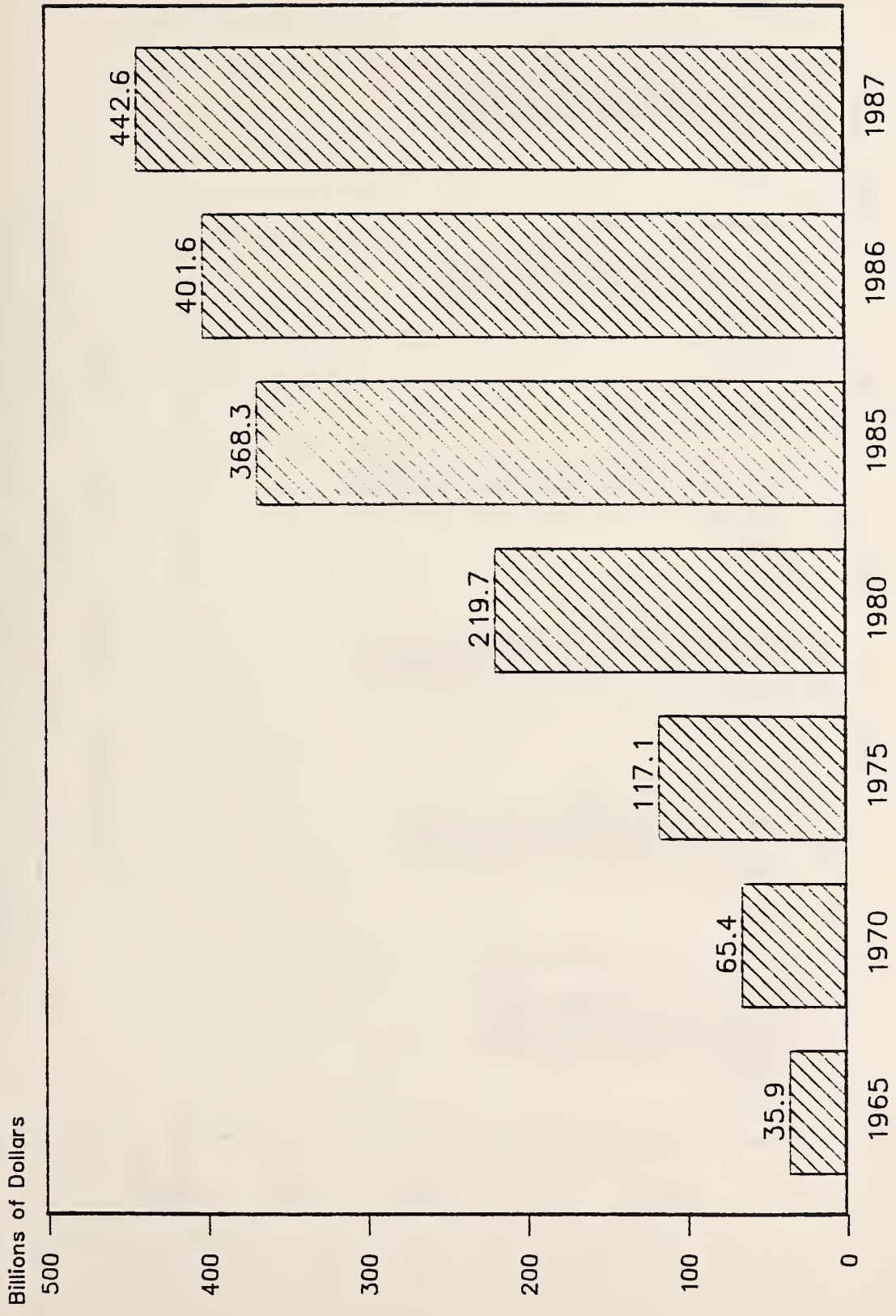
Economic Growth vs Growth in National Health Expenditures Calendar Years 1970 - 1987



Source: HCFA/OACT

May 1989

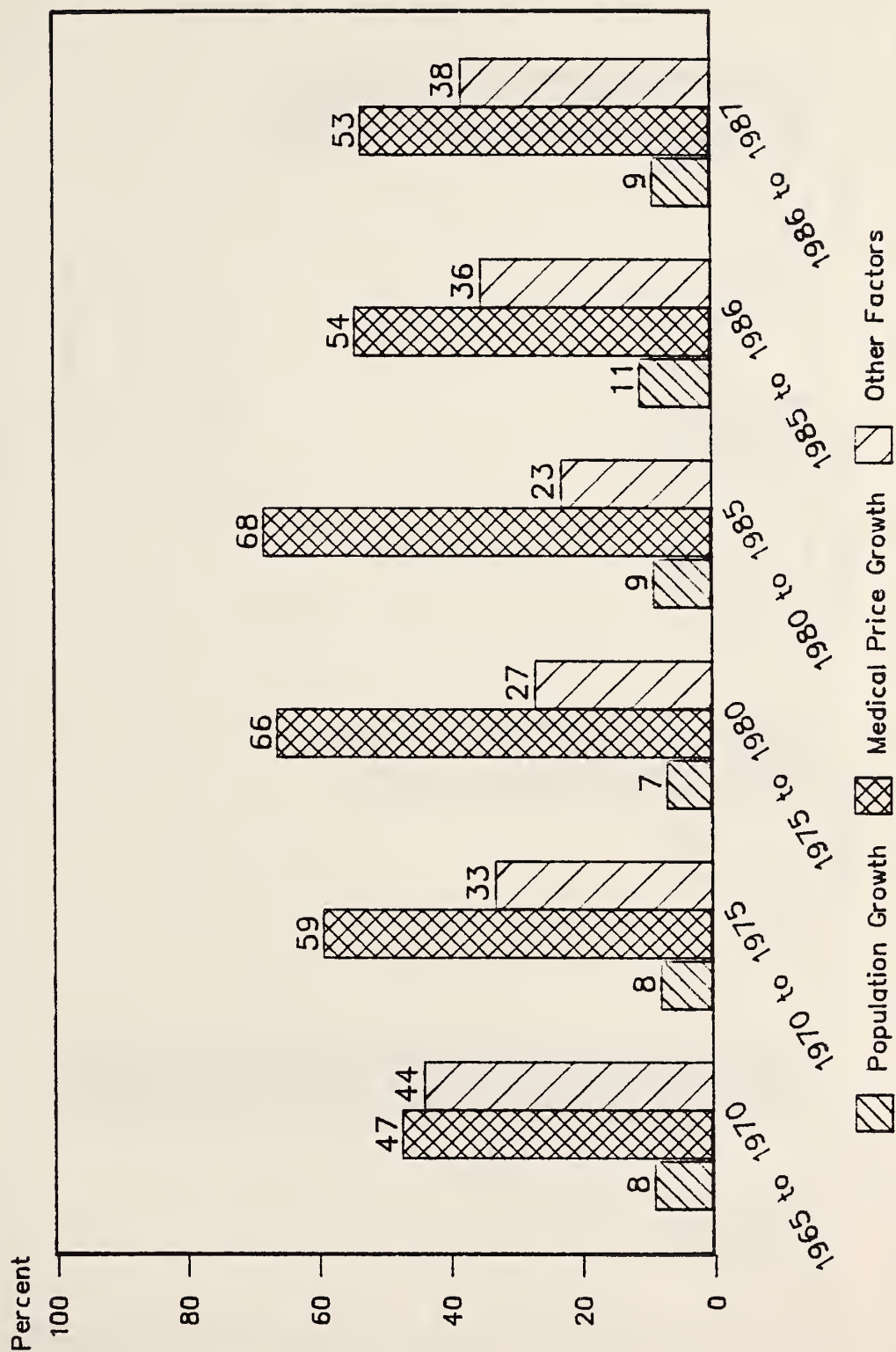
Personal Health Care Expenditures Calendar Years 1965 – 1987



Source: HCFA/OACT

May 1989

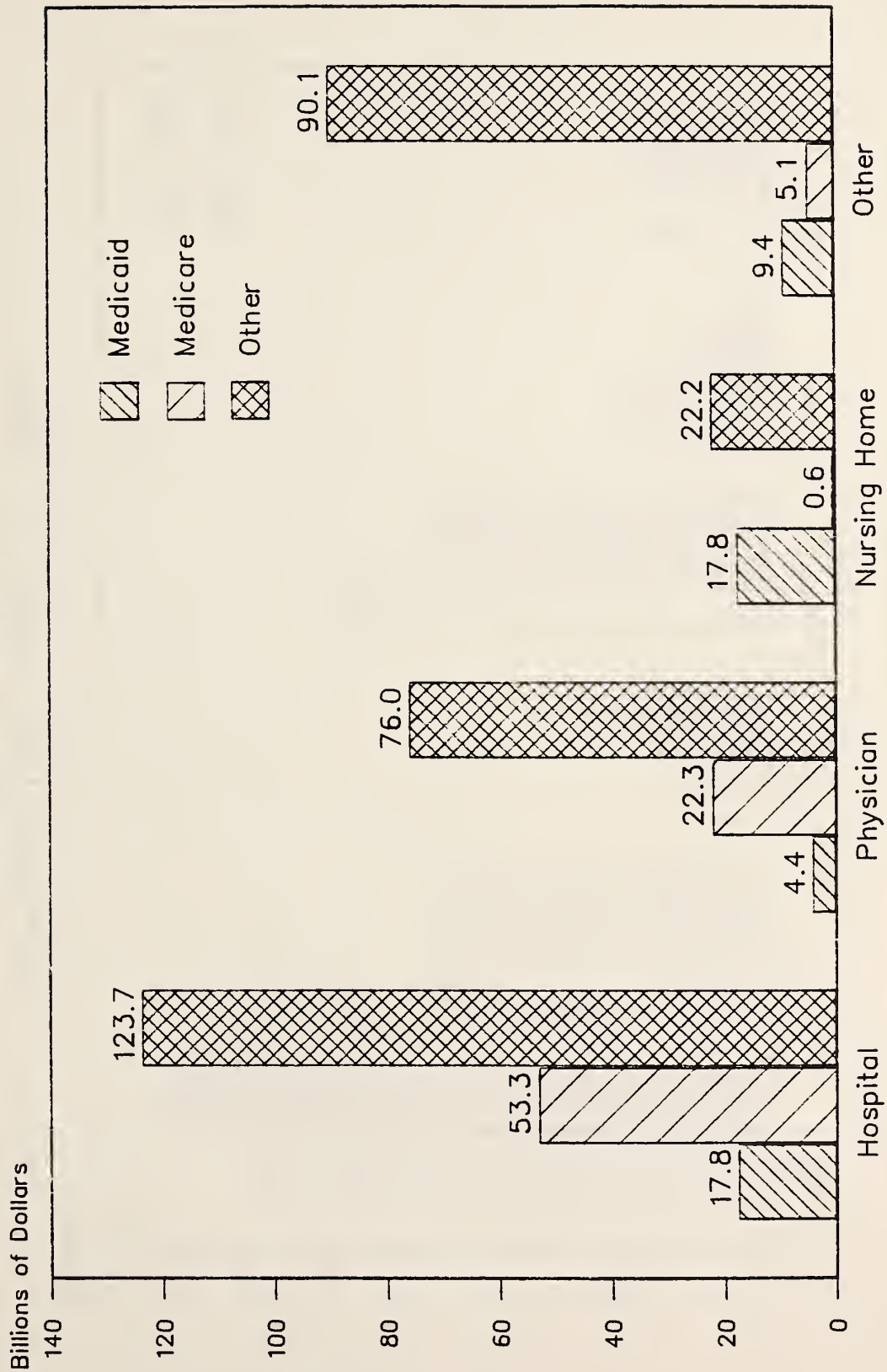
Factors Accounting for the Increase of Personal Health Care Expenditures Calendar Years 1965-1987



Source: HCFA/OACT

May 1989

Medicaid, Medicare, and Other Personal Health Care Expenditures, by Type of Service Calendar Year 1987

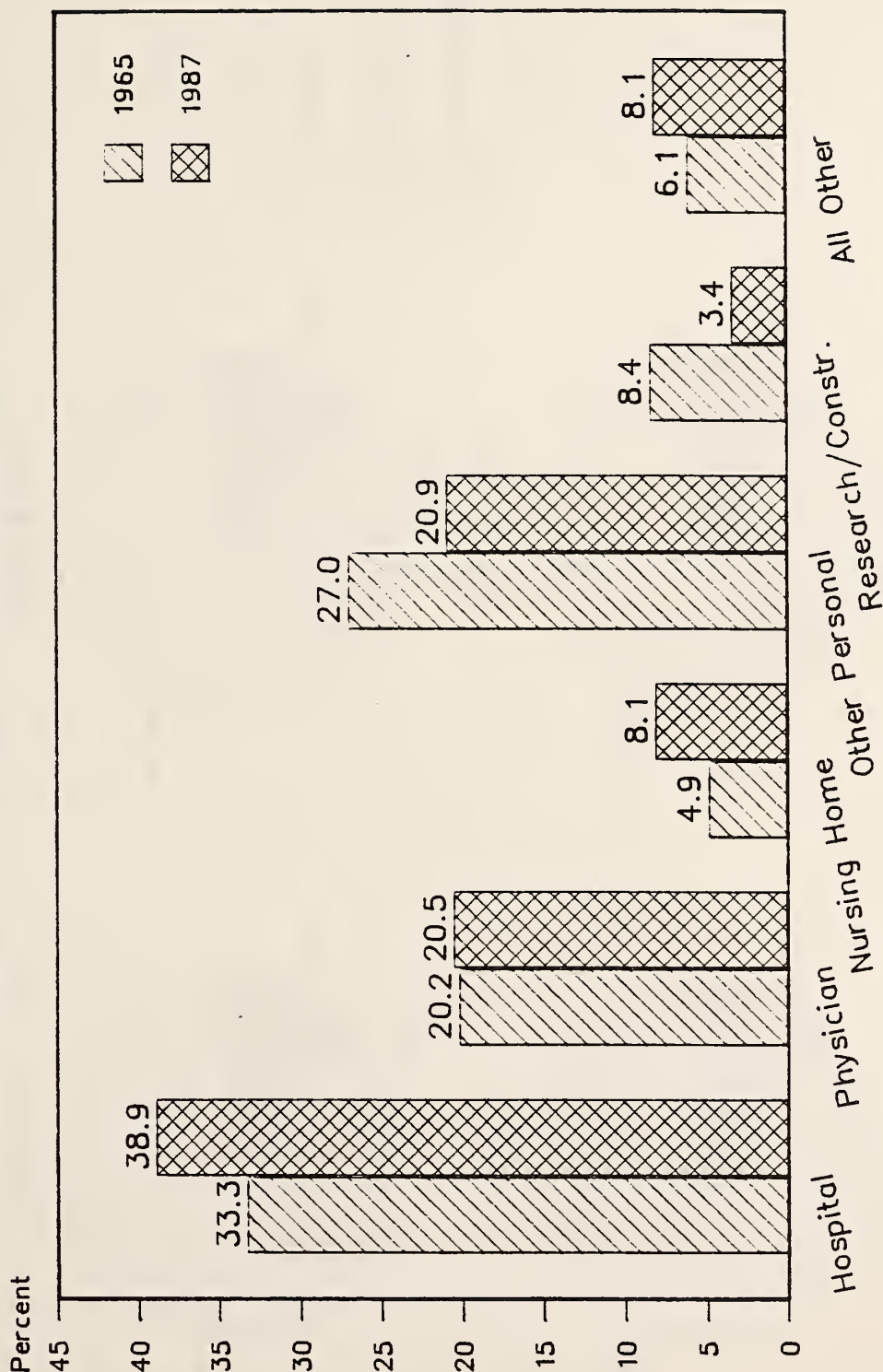


Source: HCFA/OACT

May 1989



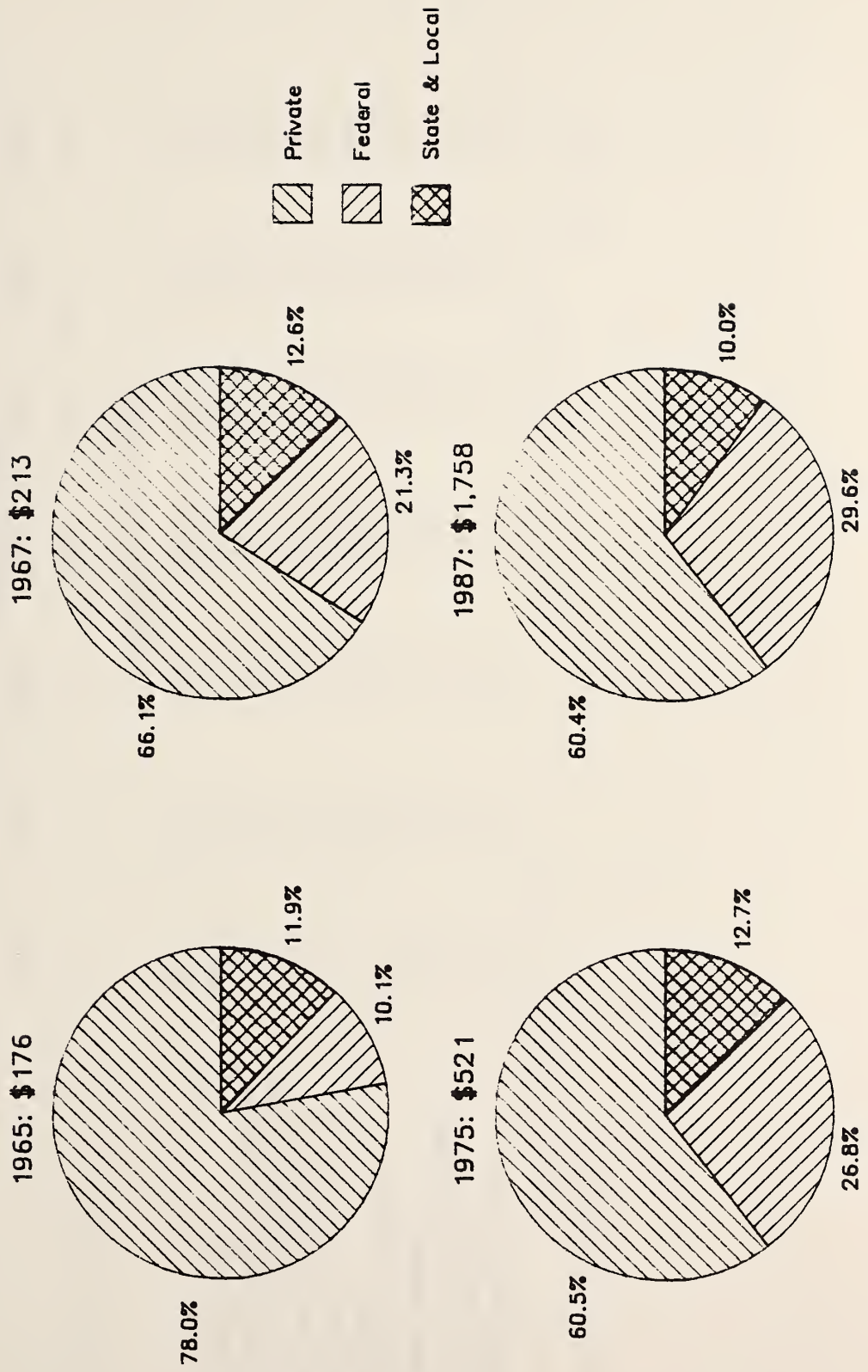
Percent of National Health Expenditures by Type of Service Calendar Year 1965 vs 1987



Source: HCFA/OACT

May 1989

Per Capita Personal Health Care Expenditures by Source of Funds, Selected Calendar Years



Source: HCFA/OACT

May 1989

NATIONAL HEALTH CARE/SOURCE OF FUNDS

	Calendar Year						
	1965	1970	1975	1980	1985	1986	1987
Total (billions)	\$41.9	\$75.0	\$132.7	\$248.1	\$419.6	\$455.7	\$500.3
	Percent Distribution						
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Private funds	73.8	63.0	57.5	57.6	58.2	58.2	58.6
Direct patient payments	44.1	35.3	28.7	25.4	24.8	24.7	24.6
Private health insurance	23.9	22.5	25.0	29.3	30.8	31.3	31.5
Philanthropy/in-plant	5.8	5.1	3.8	2.9	2.7	2.6	2.4
Federal government	13.2	23.6	27.9	28.6	29.4	29.1	28.9
Medicare	--	10.0	12.3	14.8	17.0	16.8	16.6
Federal Medicaid	--	4.0	6.0	5.8	5.6	5.6	5.7
Other Federal	13.2	9.6	9.7	8.0	6.8	6.8	6.7
State/local government	13.0	13.5	14.5	13.8	12.4	12.3	12.5
State Medicaid	--	3.3	4.7	4.8	4.5	4.4	4.7
Other State/local	13.0	10.2	9.9	8.9	7.9	7.9	7.8

Source: HCFA/OACT

May 1989

PERSONAL HEALTH CARE/PAYMENT SOURCE

	Calendar Year					
	1965	1970	1975	1980	1985	1987
Total (billions)	\$35.9	\$65.4	\$117.1	\$219.7	\$368.3	\$442.6
	Percent Distribution					
Total	100.0	100.0	100.0	100.0	100.0	100.0
Private Funds	78.0	65.7	60.5	60.6	59.8	60.4
Direct Patient Payments	51.6	40.5	32.5	28.7	28.2	27.8
Private Health Insurance	24.2	23.4	26.7	30.7	30.4	31.4
Other	2.2	1.7	1.3	1.2	1.2	1.2
Public Funds	22.0	34.3	39.5	39.4	40.2	39.6
Federal	10.1	22.2	26.8	28.4	30.2	29.6
State and Local	11.9	12.1	12.7	10.9	10.0	10.0

Source: HCFA/OACT

May 1989

NATIONAL/MEDICAL CARE PRICE INDICATORS

(1982-1984=100)

Fiscal year 1/ June	CPI		Medical care					Medical care commodities		
	All items		All services		Medical care services			Medical care commodities		
	Total	Less medical	Total	Less medical	Total	Hospital inpatient services	Outpatient services	Physicians' services	Total	Prescription drugs
Percent change from preceding year 3/										
1965	--	--	--	--	--	--	--	--	--	--
1966	2.2	2.2	2.8	2.6	3.0	3.7	--	4.3	-0.0	-0.6
1967	3.2	2.9	4.7	4.0	6.4	7.9	--	7.4	0.0	-0.9
1968	3.3	3.1	4.2	3.8	6.4	8.0	--	6.1	-0.2	-2.0
1969	4.9	4.8	6.3	6.1	6.5	7.6	--	5.9	-0.5	-0.4
1970	5.9	5.8	7.6	7.6	6.4	7.4	--	7.4	1.5	1.9
1971	5.2	5.1	7.3	7.1	7.0	7.7	--	7.6	2.5	0.5
1972	3.6	3.5	4.5	4.4	4.7	5.3	--	5.1	0.9	0.3
1973	4.0	4.1	3.5	3.5	3.1	3.6	--	2.6	0.1	-0.8
1974	8.9	9.2	6.5	6.5	5.7	6.4	--	5.0	1.0	0.5
1975	11.1	11.0	10.8	10.3	12.5	13.3	--	12.8	7.0	5.0
1976	7.1	6.9	8.5	8.0	10.2	10.6	--	11.4	7.2	5.8
Sept:										
1977	6.1	5.8	7.6	7.2	9.7	10.2	--	9.6	6.2	5.5
1978	7.0	7.0	8.1	8.0	8.5	8.7	--	8.5	7.0	7.6
1979	10.3	10.4	10.2	10.3	9.1	9.5	--	8.9	7.1	7.7
1980	13.6	13.7	15.1	15.5	10.7	11.1	--	10.2	8.7	8.6
1981	11.1	11.1	13.1	13.4	10.3	10.3	12.5	10.8	10.6	10.7
1982	7.4	7.2	11.1	11.1	11.9	12.1	14.6	10.3	10.6	11.9
1983	3.5	3.2	3.9	3.2	9.8	9.9	12.0	7.8	9.2	11.5
1984	4.1	3.9	4.8	4.7	6.4	6.2	9.3	7.3	7.4	9.6
1985	3.7	3.5	5.2	5.1	6.1	5.9	7.0	5.8	7.3	9.8
1986	2.5	2.2	5.1	4.8	7.3	7.4	5.5	6.9	6.7	8.7
1987	2.9	2.6	4.2	3.9	7.0	7.2	6.9	7.6	6.4	8.1
1988	4.1	4.0	4.4	4.3	6.3	6.2	8.4	7.0	6.9	8.0

1/Revisions to scope, concept, and methodology related to the CPI, beginning in January 1978, make comparisons with earlier periods tenuous, as the goods or services priced in 1978 may differ from that priced in 1977 and prior. Also, shifts of the weights assigned to various goods and services have altered the composition of aggregate indexes such as "all items" and "medical care". For changes in titles of components and in definitions, see Bureau of Labor Statistics, CPI Detailed Report, January 1978.

2/Revised title. Prior to January 1978 reflects semi-private room charges.

3/Based on sum of monthly figures for given years.

Source: HCFA/OA/C and U.S. Department of Labor, Bureau of Labor Statistics

May 1989

NATIONAL/MEDICAL CARE PRICE INDICATORS

(1982-1984=100)

[illegible]

1/Revisions to scope, concept, and methodology related to the CPI, beginning in January 1978, make comparisons with earlier periods tenuous, as the goods or services priced in 1978 may differ from that priced in 1977 and prior. Also, shifts of the weights assigned to various goods and services have altered the composition of aggregate indexes such as "all items" and "medical care". For changes in titles of components and in definitions, see Bureau of Labor Statistics, CPI Detailed Report, January 1978.

definitions, see BUREAU OF LABOR STATISTICS, CFI Detailed Report, January 1978, p. 1.

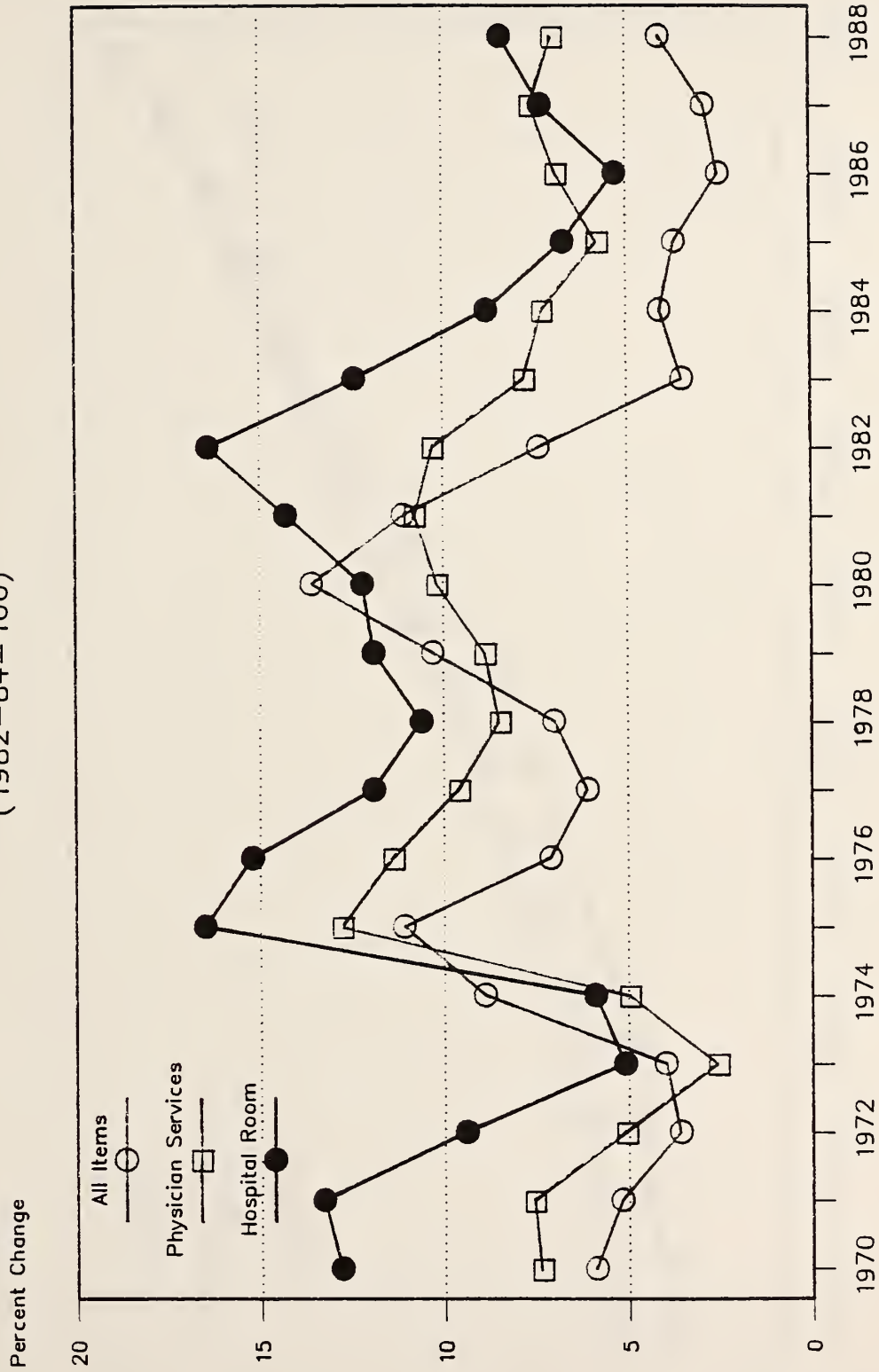
2/Revised title. Prior to January 1978 reflects semi-private room charges.
3/Data not reported for March 1965. Price indexes derived by averaging surrounding quarterly indexes.

Source: HCFA/OACT and U.S. Department of Labor, Bureau of Labor Statistics

May 1989

Consumer Price Indexes Annual Percent Change Fiscal Years 1970-1988

(1982-84=100)

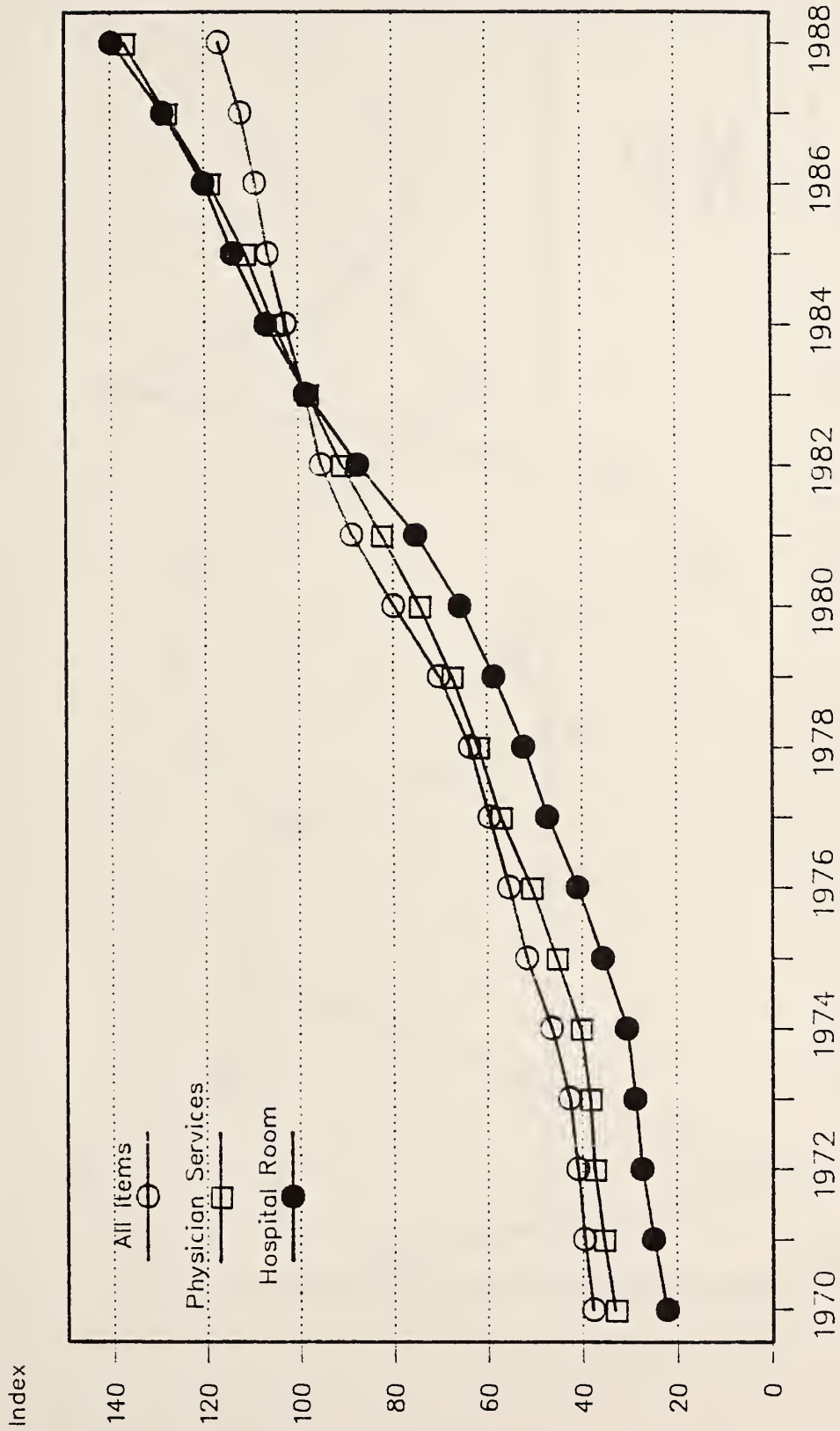


Source: HCFA/OACT and U.S. Dept. of Labor, Bureau of Labor Statistics

May 1989

Selected Consumer Price Indexes Fiscal Years 1970-1988

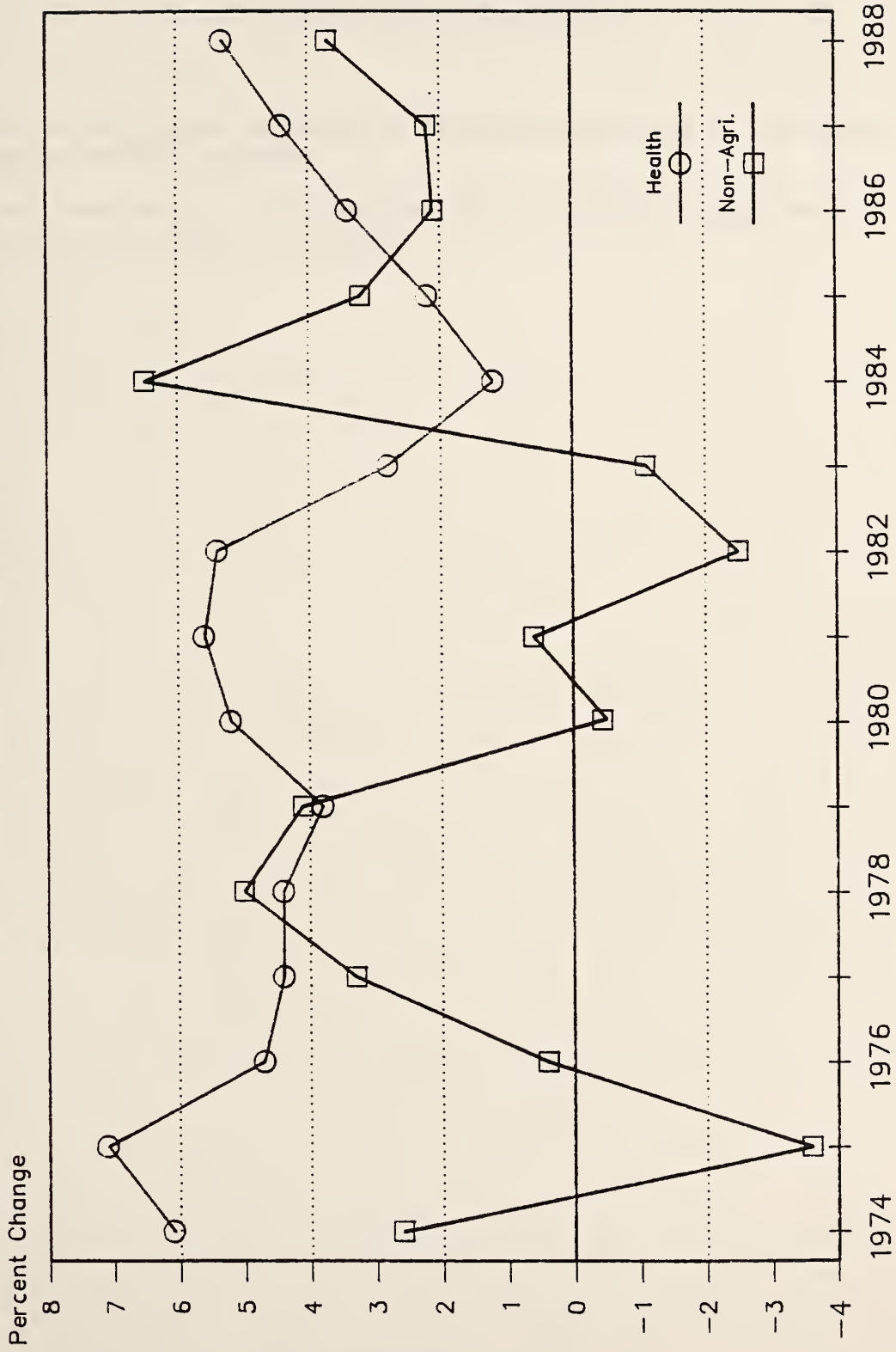
(1982-84 = 100)



Source: HCFA/OACT and U.S. Dept. of Labor, Bureau of Labor Statistics

May 1989

Workhours in Private Health Care Establishments vs All Non-Agricultural Establishments Fiscal Years 1974-1988



Source: HCFA/OACT

May 1989

IV. ADMINISTRATIVE/OPERATING

Information on activities and services related to oversight of the day-to-day operations of HCFA programs.

Current and trend data on trust fund operations, contractor performance, and administrative costs are included.

MEDICARE/OPERATIONS OF THE SMI TRUST FUND

Fiscal year 1/	Income			Interest and other income 3/	Disbursements			Balance in fund at end of year 4/
	Premiums from participants	Government contribu- tions 2/	Total income		Benefit payments	Adminis- trative expenses	Total disburse- ments	
(in millions)								
1967	\$647	\$623	\$15	\$1,285	\$664	\$135 5/	\$799	\$486
1970	936	928	12	1,876	1,979	217	2,196	57
1971	1,253	1,245	18	2,516	2,035	248	2,283	290
1972	1,340	1,365	29	2,734	2,255	289	2,544	481
1973	1,427	1,430	45	2,902	2,391	246	2,637	746
1974	1,704	2,029	76	3,809	2,874	409	3,283	1,272
1975	1,887	2,330	105	4,322	3,765	405	4,170	1,424
1976	1,951	2,939	104	4,994	4,672	528	5,200	1,219
T.Q.	539	878	4	1,421	1,269	132	1,401	1,239
1977	2,193	5,053	137	7,383	5,867	475	6,342	2,279
1978	2,431	6,386	228	9,045	6,852	504	7,356	3,968
1979	2,635	6,841	363	9,839	8,259	555	8,814	4,994
1980	2,928	6,932	415	10,275	10,144	593	10,737	4,532
1981	3,320	8,747	372	12,439	12,345	883	13,228	3,743
1982	3,831	13,323	473	17,627	14,806	754	15,560	5,810
1983	4,227	14,238	682	19,147	17,487	824	18,311	6,646
1984	4,907	16,811	807	22,525	19,473	899	20,372	8,799
1985	5,524	17,898	1,155	24,577	21,808	922	22,730	10,646
1986	5,699	18,076	1,228	25,004	25,169	1,049	26,217	9,432
1987	6,480	20,299	1,018	27,797	29,937	900	30,837	6,392
1988	8,756	25,418	828	35,002	33,682	1,265	34,947	6,447

1/ For 1967 through 1976, fiscal years cover the interval from July 1 through June 30; the three-month interval from July 1, 1976, through September 30, 1976, is labeled "T.Q.," the transition quarter; fiscal years after 1976 cover the interval from October 1 through September 30.

2/ The payments shown as being from the general fund of the Treasury include certain interest-adjustment items.

3/ Other income includes recoveries of amounts reimbursed from the trust fund which are not obligations of the trust fund and other miscellaneous income.

4/ The financial status of the program depends on both the total net assets and the liabilities of the program.

5/ Administrative expenses shown include those paid in fiscal years 1966 and 1967.

NOTE: Totals do not necessarily equal the sum of rounded components.

Source: HCFA/OACT

May 1989

MEDICARE/OPERATIONS OF THE HI TRUST FUND

Fiscal Year 1/	Payroll taxes	Transfers from railroad retirement account	Reimbursement for uninsured persons	Premiums from voluntary enrollees	Income		Interest on investments and other income 2/ (in millions)	Disbursements			Interfund borrowing transfers 5/	Net increase in fund of year	Fund at end of year
					Reimbursement for military wage credits	Total income 2/		Benefits payments 3/	Administrative expenses 4/	Total disbursements			
1967	\$2,689	\$16	\$327			\$11	\$46	\$3,089	\$2,508	\$89	\$2,597	\$492	\$1,343
1970	4,785	64	617			11	137	5,614	4,804	149	4,953	661	2,677
1971	4,898	66	863			11	180	6,018	5,442	150	5,592	426	3,103
1972	5,226	66	503			48	188	6,031	6,108	167	6,276	245	2,659
1973	7,663	63	381			48	196	8,352	6,648	194	6,842	1,510	4,369
1974	10,602	99	451		\$4	48	405	11,610	7,806	259	8,065	3,545	7,914
1975	11,291	132	481	6	6	48	609	12,568	10,353	259	10,612	1,956	9,870
1976	12,031	138	610	8	8	48	709	13,544	12,267	312	12,579	966	10,836
T.Q.	3,366	143	0	2	6/	0	5	3,516	3,315	89	3,404	112	10,948
1977	13,649	0 7/	803 6/	11	11	141	770	15,374	14,906	301	15,207	167	11,115
1978	16,677	214 7/	688	12	12	143 8/	809	18,543	17,411	451	17,862	681	11,796
1979	19,927	191	734	17	17	141	901	21,910	19,891	452	20,343	1,567	13,363
1980	23,244	244	697	17	17	141	1,072	25,415	23,790	497	24,288	1,127	14,490
1981	30,425	276	659	21	21	141	1,341	32,863	28,907	353	29,260	3,603	18,093
1982	34,390	351	808	25	25	207	1,829	37,611	34,343	521	34,864	2,747	20,840
1983	36,387	358	878	26	26	3,663 9/	2,629	43,940	38,102	522	38,624	3,455	17,174
1984	41,364	351	752	35	35	250	2,812	45,563	41,476	633	42,108	4,103	21,277
1985	46,490	371	766	38	38	86	3,182	50,933	47,841	813	48,654	1,824	17,370
1986	53,020	364	566	40	40	-714 10/	3,167	56,442	49,018	667	49,685	10,613	38,648
1987	57,820	368	447	40	40	94	3,982	62,751	49,967	836	50,803	11,949	50,596
1988	61,901	364	475	42	42	80	5,148	68,010	52,022	707	52,730	15,281	65,877

1/ Fiscal years 1976 and earlier consist of the 12 months ending on June 30 of each year; the three-month interval from July 1, 1976, through September 30, 1976, labeled "T.Q.," is the transition quarter; fiscal years 1977 and later consist of the 12 months ending on September 30 of each year.

2/ Other income includes recoveries of amounts reimbursed from the Trust Fund which are not obligations of the trust fund and a small amount of miscellaneous income.

3/ Includes costs of Peer Review Organizations beginning with the implementation of the Prospective Payment System on October 1, 1983).

4/ Includes costs of experiments and demonstration projects.

5/ A negative amount is a loan to the OASI trust fund; a positive amount is a repayment of loan principal to the HI trust fund.

6/ The 1977 transfer is for benefits, and administrative expenses during the five-quarter period covering the transition quarter and fiscal year 1977.

7/ The 1978 transfer is for contributions during the five-quarter period covering the transition quarter and fiscal year 1977.

8/ Includes \$2 million in reimbursement from general revenues for costs arising from the granting of deemed wage credits to persons of Japanese ancestry who were interned during World War II.

9/ Includes the lump sum general revenue transfer of \$3,456 million, as provided for by Section 151 of P.L. 98-21.

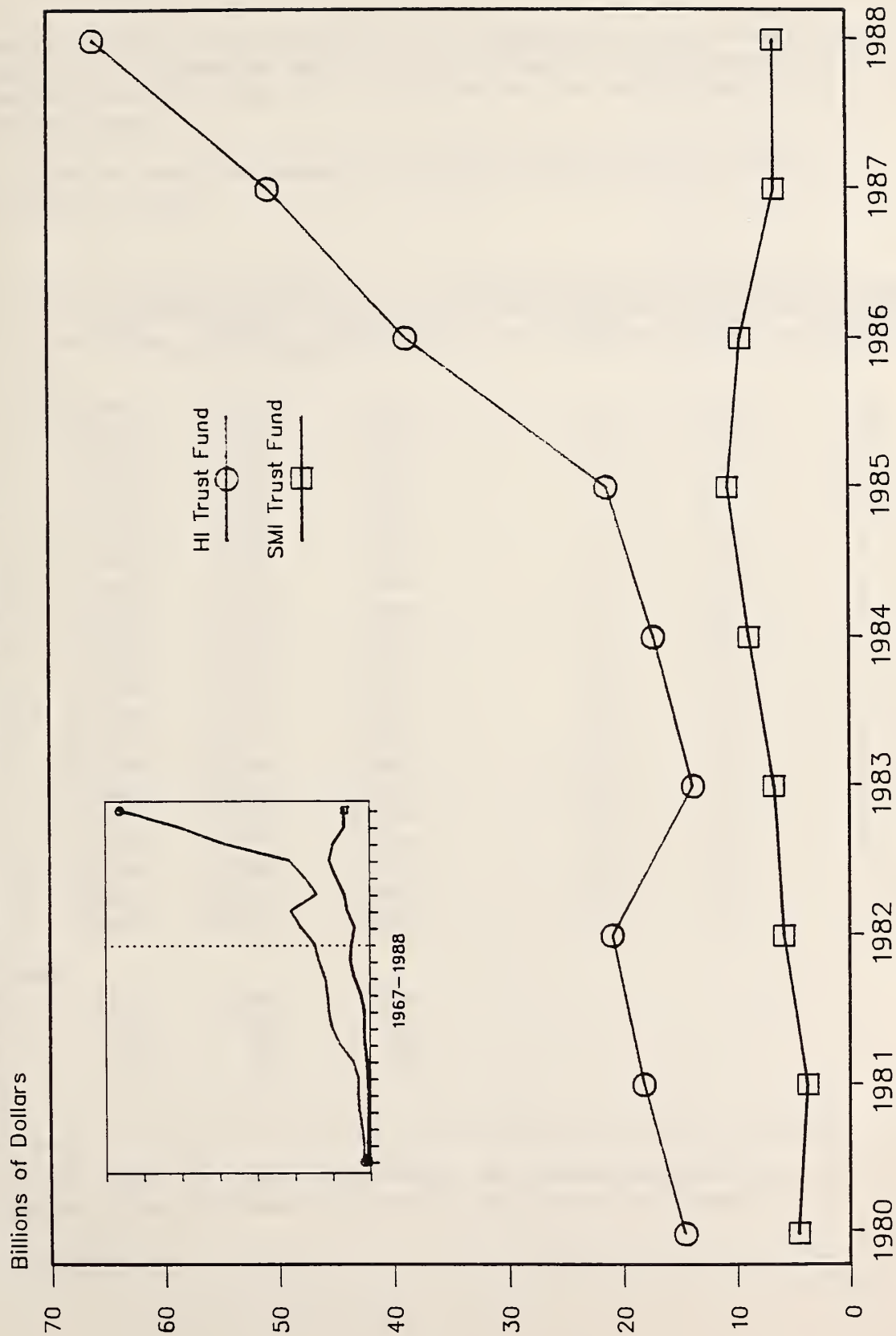
10/ Includes the lump sum general revenue transfer of -\$805 million, as provided for by Section 151 of P.L. 98-21.

NOTE: Totals do not necessarily equal the sum of rounded components.

Source: HCFA/OACT

May 1989

Medicare HI & SMI Trust Fund Balances Fiscal Years 1980-1988



Source: HCFA/OACT

May 1989

MEDICARE/RATIO OF SMI BENEFIT PAYMENTS TO PREMIUM INCOME

- o Expressed as a ratio, \$3.70 are paid out in benefits for aged beneficiaries for every dollar of premiums paid in by or on behalf of aged enrollees. For the disabled, \$4.90 are paid out in benefits for each dollar paid in by disabled enrollees.
- o Benefit payments have risen almost 4,973% from \$664 million in 1967 to \$33.7 billion in 1988.

Fiscal Year	Benefit Payments			Ratio of benefit payments to premium income		
	Total	Aged	Disabled	Total	Aged	Disabled
	(in millions)					
1967	\$664	\$664	N/A	1.0	1.0	N/A
1970	1,979	1,979	N/A	2.1	2.1	N/A
1971	2,035	2,035	N/A	1.6	1.6	N/A
1972	2,255	2,255	N/A	1.7	1.7	N/A
1973	2,391	2,391	N/A	1.7	1.7	N/A
1974	2,874	2,555	\$319	1.7	1.6	2.6
1975	3,765	3,312	453	2.0	1.9	3.0
1976	4,672	4,064	608	2.4	2.3	3.6
Trans. Qtr.	1,269	1,083	186	2.4	2.2	4.0
1977	5,867	5,035	832	2.7	2.5	4.0
1978	6,852	5,821	1,031	2.8	2.7	4.2
1979	8,259	6,964	1,295	3.1	2.9	4.9
1980	10,144	8,512	1,632	3.5	3.2	5.6
1981	12,345	10,382	1,963	3.7	3.5	5.9
1982	14,806	12,404	2,402	3.9	3.6	6.5
1983	17,487	14,783	2,704	4.1	3.9	6.9
1984	19,473	16,845	2,628	4.0	3.8	5.9
1985	21,808	19,075	2,733	3.9	3.8	5.7
1986	25,169	22,180	2,989	4.4	4.3	6.0
1987	29,937	26,350	3,587	4.6	4.5	6.2
1988	33,682	29,797	3,885	3.8	3.7	4.9
Percent change						
1967-1988	4,973	4,388	N/A			
1974-1988	1,072	1,066	1,118			
1986-1987	19	19	20			
1987-1988	13	13	8			

NOTE: For more detail on fund transactions, see "Annual Report of the Board of Trustees of the Supplementary Medical Insurance Trust Fund."

Source: HCFA/OACT

May 1989

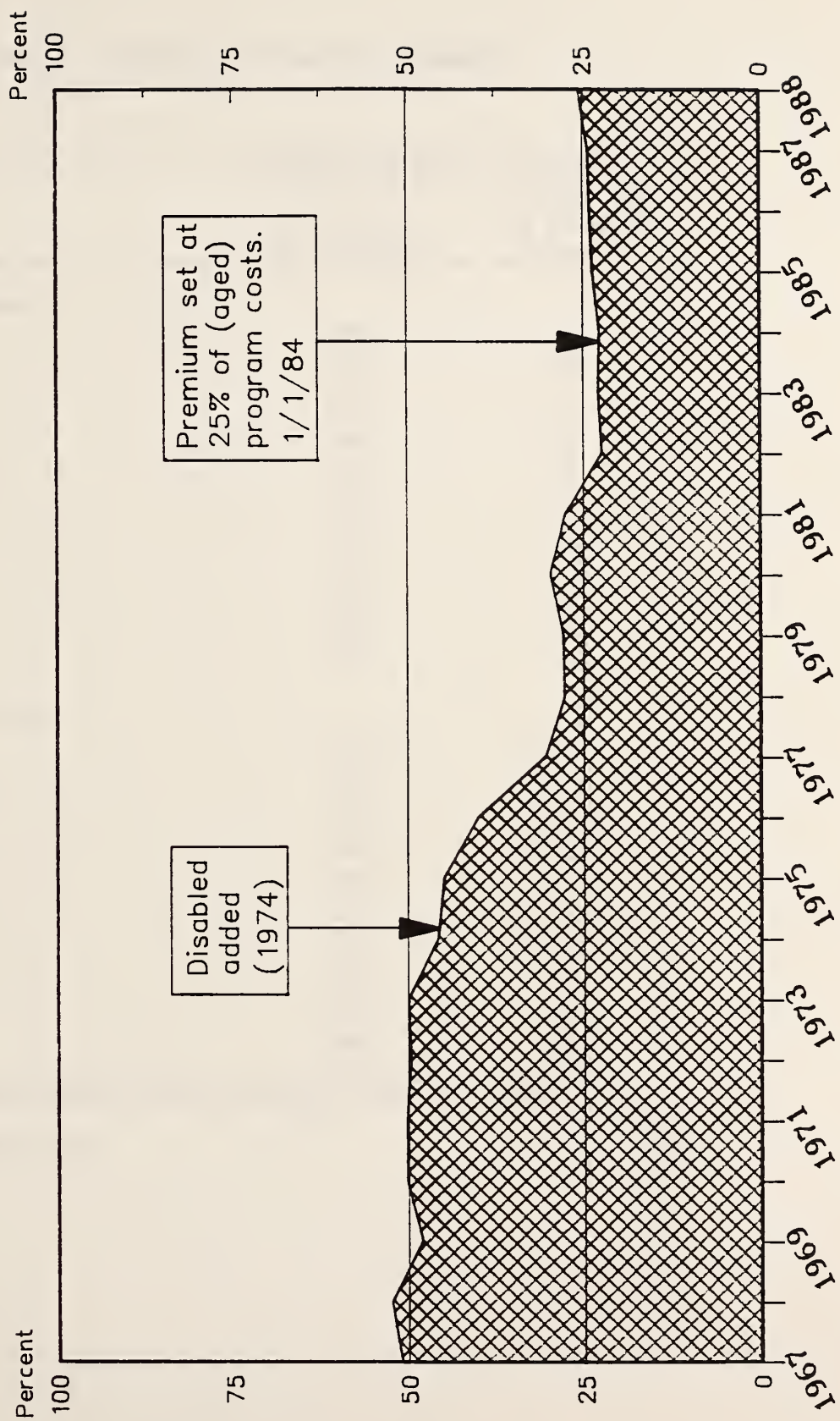
MEDICARE/SMI TRUST FUND INCOME

Fiscal Year	Total Income (less interest)	Premiums from Participants (in millions)			Government contributions 1/ Total Aged Disabled		
		Total	Aged	Disabled	Total	Aged	Disabled
1967	\$1,270	\$647	\$647	N/A	\$623	\$623	N/A
1970	1,863	936	936	N/A	927	927	N/A
1971	2,498	1,253	1,253	N/A	1,245	1,245	N/A
1972	2,703	1,340	1,340	N/A	1,363	1,363	N/A
1973	2,857	1,427	1,427	N/A	1,431	1,431	N/A
1974	3,733	1,704	1,579	\$125	2,029	1,577	\$452
1975	4,217	1,887	1,736	151	2,330	1,711	619
1976	4,888	1,951	1,783	168	2,936	2,206	731
Trans. Qtr.	1,417	539	492	46	878	734	144
1977	7,228	2,193	1,987	206	5,035	4,026	1,009
1978	8,794	2,431	2,186	245	6,363	4,965	1,398
1979	9,463	2,635	2,373	263	6,828	5,459	1,368
1980	9,851	2,928	2,637	291	6,923	5,601	1,322
1981	12,067	3,320	2,988	332	8,747	7,191	1,556
1982	17,154	3,831	3,460	371	13,323	11,208	2,115
1983	18,465	4,227	3,834	393	14,238	11,937	2,301
1984	21,718	4,907	4,463	444	16,811	13,861	2,950
1985	23,422	5,524	5,042	482	17,898	15,071	2,827
1986	23,775	5,699	5,200	500	18,076	15,696	2,381
1987	26,778	6,479	5,897	582	20,299	17,579	2,720
1988	34,174	8,756	7,963	793	25,418	22,830	2,588
Percent change							
1967-1988	2,591	1,253	1,131	N/A	3,980	3,565	N/A
1974-1988	815	414	404	534	1,153	1,348	473
1986-1987	13	14	13	16	12	12	14
1987-1988	28	35	35	36	25	30	-5

1/ Includes interest on delayed transfers from general funds.

Note: Totals do not necessarily equal the sum of rounded components. For more detail on fund transactions see "Annual Report of the Board of Trustees of the Supplementary Medical Insurance Trust Fund." Legislation mandates that from January 1984 through December 1990 the monthly premium for aged enrollees be kept at a constant 25% of expected monthly cost, i.e., one half the actuarial rate.

Medicare Premiums as a Percent of Total SMI Trust Fund Income Fiscal Years 1967-1988



Source : HCFA/OACT

May 1989

MEDICARE ADMINISTRATIVE EXPENSES/TRENDS

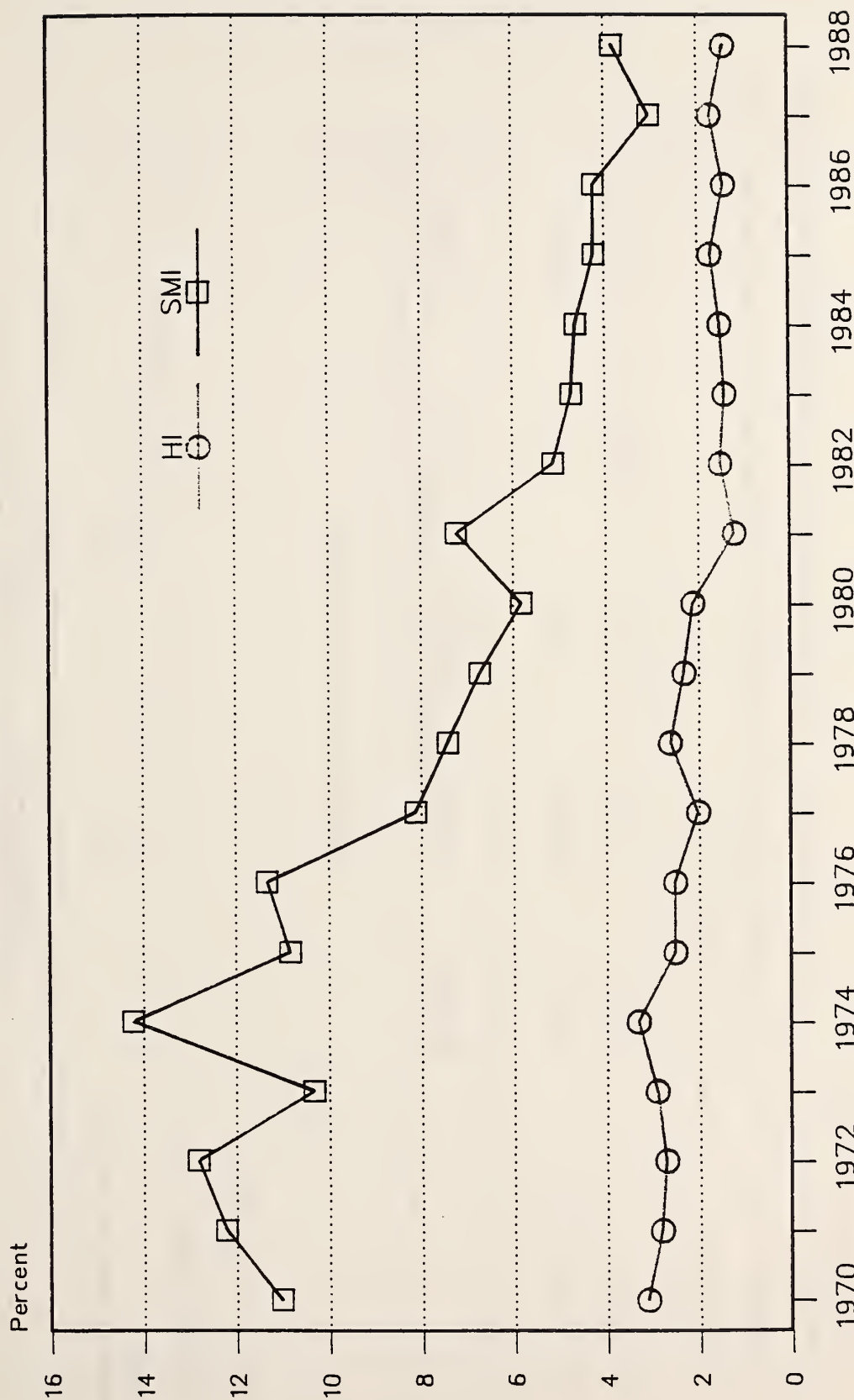
Fiscal Year	Administrative	Expenses
	Amount (in millions)	As a percent of Benefit Payments
HI Trust Fund		
1967	\$89	3.5
1968	79	2.1
1970	149	3.1
1975	259	2.5
1980	497	2.1
1981	353	1.2
1982	521	1.5
1983	522	1.4
1984	633	1.5
1985	813	1.7
1986	667	1.4
1987	836	1.7
1988	707	1.4
SMI Trust Fund		
1967	\$135 <u>1/</u>	20.3
1968	142	10.2
1970	217	11.0
1975	405	10.8
1980	593	5.8
1981	883	7.2
1982	754	5.1
1983	824	4.7
1984	899	4.6
1985	922	4.2
1986	1,049	4.2
1987	900	3.0
1988	1,265	3.8

1/ Includes expenses paid in fiscal years 1966 and 1967.

Source: HCFA/OACT

May 1989

Medicare Administrative Expenses Percent of Benefit Payments Fiscal Years 1970-1988



Source: HCFA/OACT

May 1989

MEDICARE/CONTRACTORS

	Intermediaries	Carriers
Blue Cross/Blue Shield	45	26
Other	6	8

(January 1989)

Source: HCFA/BPO

MEDICARE/CLAIMS PROCESSING

	Net Unit Cost Per Claim*			
	FY 1975	FY 1980	FY 1985	FY 1988
Intermediaries <u>1/</u>	\$3.84	\$2.96	\$2.33	\$1.81
Carriers <u>2/</u>	\$2.90	\$2.33	\$1.88	\$1.57

*Data collected differently and recalculated.

1/ Includes direct costs and overhead costs for Bill Payment and Reconsideration and Hearings lines.

2/ Includes direct costs and overhead costs for the Claims Payment line, Reviews and Hearings line, Beneficiary/Physician Inquiries line.

Source: HCFA/BPO

May 1989

MEDICARE/INTERMEDIARY PROCESSING TIMES
FY 1988

	Mean Days	Percent of Clean Non-PIP Claims Paid in 26 Days	Percent of All Claims Paid in 60 Days	Percent of All Claims Paid in 90 Days
All Claims	10.7	98.9	99.1	99.7
Inpatient	11.6	99.1	99.0	99.6
Outpatient	9.9	99.1	99.3	99.7
SNF	18.2	95.5	97.8	99.2
HHA	16.3	96.1	97.9	99.3
Hospice	10.9	97.6	99.1	99.6
CORF	16.3	97.4	98.5	99.6
ESRD	12.1	98.1	98.8	99.5
Laboratory	9.0	99.6	99.7	99.9
Other	10.8	98.5	99.3	99.8

Source: HCFA/BPO

May 1989

MEDICARE/CARRIER PROCESSING TIMES
FY 1988

	Mean Days	Percent of Clean Claims Processed in 19/26 Days <u>1/</u>	Percent of All Claims Processed in 60 Days	Percent of All Claims Processed in 90 Days
All Claims	13.6	96.1	98.8	99.6
Participating Physicians	12.5	95.0	99.0	99.7
All without Participating Physicians	14.4	96.9	98.6	99.6
Assigned Non-Participating Physicians	10.7	97.1	99.0	99.7
Durable Medical Equipment	15.4	96.3	97.8	99.4
Laboratory	11.3	98.6	99.0	99.7
Ambulance	13.6	98.5	98.5	99.6
All Other	18.1	95.7	97.3	99.3
Unassigned	15.9	96.0	98.4	99.6

1/ Participating physician, 19 days; all other, 26 days.

Source: HCFA/BPO

May 1989

MEDICARE/REASONABLE CHARGE REDUCTIONS

Fiscal Year	Claims Approved		Total Covered Charges		
	Number (in thousands)	Percent Reduced	Amount (in millions)	Percent Reduced	Amount Reduced Per Claim
<u>Assigned (HCFA-1490/1500)</u>					
1980	70,937	80.0	\$6,878	22.5	\$21.81
1981 <u>2/</u>	78,952	82.7	8,546	23.9	25.84
1982 <u>2/</u>	88,185	83.1	10,633	24.3	29.32
1983	100,087	82.4	13,134	23.8	31.20
1984	118,221	80.3	15,591	24.7	32.62
1985	168,587	81.7	20,743	27.0	33.19
1986	188,075	82.5	24,108	28.4	36.43
1987	222,277	83.0	29,436	27.9	36.90
1988	264,096	85.5	36,083	29.3	39.97
<u>Unassigned (HCFA-1490/1500)</u>					
1980	66,207	83.7	\$6,527	22.3	\$21.96
1981 <u>2/</u>	71,632	85.7	7,607	23.7	25.13
1982 <u>2/</u>	78,166	85.6	9,117	24.1	28.10
1983	85,966	83.9 <u>3/</u>	10,610	23.1 <u>3/</u>	28.48 <u>3/</u>
1984	90,866	83.1	11,429	23.6	29.69
1985	77,646	84.6	10,051	25.6	33.12
1986	84,853	84.9	10,581	26.6	33.15
1987	85,160	82.5	10,516	25.5	31.44
1988	78,484	85.7	9,351	24.7	29.47

1/ Reasonable charge reduction - the total dollar amount reduced as a result of a reasonable charge determination made by a carrier which is the lowest of 1) the customary charge; 2) the prevailing charge; or, 3) the actual charge.

2/ Excludes data for Texas Blue Shield.

3/ These data are slightly understated due to underreporting by Equitable.

Source: HCFA/BPO

May 1989

Medicare/Reasonable Charge Determination Data for All Claims

Fiscal Year	Claims Paid or Applied to Deductible		Claims on Which Reasonable Charge Reductions Were Made				
	Number of Claims	Total Covered Charges	Number of Claims	Percent of Claims Paid or Applied to Deductible		Amount of Reduction	
				Total	Covered Charges	Percent of Covered Charges	Avg. Amount Per Approved Claims
(Number in thousands)							
1973	54,724	\$3,500,542	28,964	52.9	\$411,064	11.7	\$ 7.51
1974	62,867	4,139,801	38,236	60.8	545,780	13.2	8.68
1975	75,694	5,324,636	50,738	67.0	863,847	16.2	11.41
1976	86,869	6,432,181	61,673	71.0	1,193,495	18.6	13.74
1977	103,483	8,069,456	72,936	70.5	1,532,910	19.0	14.81
1978	114,912	9,350,700	81,951	71.3	1,798,419	19.2	15.65
1979	127,193	11,036,237	94,311	74.1	2,246,576	20.4	17.66
1980	145,157	13,765,039	113,707	78.3	3,063,364	22.3	21.10
1981 1/	158,914	16,571,764	127,993	80.5	3,867,340	23.3	24.34
1982 2/	175,230	20,280,423	141,833	80.9	4,827,238	23.8	27.55
1983 3/	195,212	24,275,276	156,179	80.0	5,638,767	23.2	28.89
1984	210,948	27,158,840	170,659	80.9	6,567,222	24.2	31.13
1985	246,337	30,800,071	203,405	82.6	8,168,817	26.5	33.16
1986	272,969	34,692,565	227,127	83.2	9,664,309	27.9	35.40
1987	307,437	39,952,727	254,672	82.8	10,879,839	27.2	35.39
1988	342,580	45,434,338	293,027	85.5	12,867,579	28.3	37.56

^{1/}Texas Blue Shield is excluded from all data elements for July-September 1981.

^{2/}Texas Blue Shield is excluded from all data elements for October-December 1981.

^{3/}These data are slightly understated due to underreporting by Equitable for January-September 1983.

NOTE: Accurate data are not available prior to FY 1973. Also prior to July 1, 1976, data excludes SSA.

SOURCE: HCFA/BPO

May 1989

MEDICARE/APPEALS-FY 1988

	Intermediary Reconsiderations	Carrier Reviews
Number Processed	80,589	5,705,831
Percent Reversal Rate ^{1/}	37.5	56.9

^{1/}Excludes withdrawals and dismissals.

Source: HCFA/BPO

May 1989

MEDICAID ADMINISTRATION

	FY 1986 <u>1/</u>	FY 1987 <u>1/</u>	FY 1988 <u>2/</u>
	(in thousands)		
Total Payments Computable for Federal Funding	\$2,144,037	\$2,373,283	\$2,677,359
Federal Share of Current Expenditures:			
Family Planning	\$7,959	\$7,208	\$11,465
Design, Development or Installation of MMIS <u>3/</u>	22,722	23,825	32,485
Skilled Professional Medical Personnel	146,538	117,928	105,761
Operation of an Approved MMIS	332,684	346,300	384,848
Other Financial Participation	649,996	745,461	898,638
Mechanized Systems Not Approved Under MMIS	22,390	16,874	27,565
Total Administration	\$1,172,289	\$1,257,596	\$1,482,950
Net Adjusted Federal Share	\$1,251,071 <u>4/</u>	\$1,372,973 <u>4/</u>	\$1,538,812

1/ Source: Form HCFA-64.10, Expenditures for State and Local Administration for the Medical Assistance Program (Current Expenditures only).

2/ Source: Form HCFA-25I, Medicaid Program Budget Report, State and Local Administration - State Estimates submitted November 1988.

3/ Medicaid Management Information System.

4/ Includes Federal Share of current expenditures from Form HCFA-64.10 plus State reported and HCFA adjustments.

Source: HCFA/BQC

May 1989

V. POPULATIONS

Information about persons covered by Medicare and Medicaid.

For Medicare, statistics are based on persons enrolled for coverage. For Medicaid, recipient counts are used as a surrogate of persons eligible for coverage, as well as for persons using services. Current and trend data showing demographic and eligibility category distributions are included.

MEDICARE ENROLLMENT/COVERAGE

- o Ninety-one percent of the Medicare population is age 65 and over.
- o An estimated 95-98 percent of the total aged population has some type of Medicare coverage.
- o Ninety-four percent of the total Medicare population is covered by both Part A and Part B.
- o Four percent of the total Medicare population has Part A only coverage.
- o Less than 2 percent of the total Medicare population has Part B only coverage.
- o Ninety-six percent of aged persons covered by Medicare Part A are entitled to SSA benefits; 3 percent are entitled to RRB benefits; less than 2 percent are not insured by SSA or RRB.
- o Seventy-nine percent of disabled persons entitled to Medicare are workers; 17 percent are persons disabled in childhood prior to age 22; 3 percent are disabled widows or widowers; less than 2 percent are entitled because of ESRD only.

	Total	Aged	Disabled
July 1, 1987		(in millions)	
HI and/or SMI	32.4	29.4	3.0
HI and SMI	30.6	27.8	2.8
HI	31.9	28.8	3.0
SMI	31.2	28.4	2.8

Source: HCFA/BDMS

May 1989

Medicare Enrollees/Trends

	1975	1980	1985	1987	1988	1989	1990
	(in millions)						
HI &/or SMI							
Total	25.0	28.5	31.1	32.4	33.1	33.8	34.4
Aged	22.8	25.5	28.2	29.4	30.0	30.6	31.2
Disabled	2.2	3.0	2.9	3.0	3.1	3.2	3.3
HI							
Total	24.6	28.1	30.6	31.9	32.5	33.2	33.8
Aged	22.5	25.1	27.7	28.8	29.4	30.0	30.6
Disabled	2.2	3.0	2.9	3.0	3.1	3.2	3.3
SMI							
Total	23.9	27.4	30.0	31.2	31.7	32.4	33.1
Aged	21.9	24.7	27.3	28.4	28.9	29.5	30.0
Disabled	2.0	2.7	2.7	2.8	2.9	2.9	3.0
Both HI and SMI	23.6	27.0	29.5	30.6	31.2	31.8	32.5
HI Only	1.1	1.1	1.1	1.2	1.4	1.4	1.4
SMI Only	0.3	0.4	0.5	0.6	0.6	0.6	0.6

NOTE: Data for all areas as of July 1 (1988-1990 estimated).

Source: HCFA/OACT/8DMS

May 1989

MEDICARE ENROLLMENT/DEMOGRAPHICS

- o Of the total Medicare covered population -
 - 9 out of 10 are age 65 or over;
 - 1 out of 10 is non-white;
 - there are 3 males for every 4 females.
- o Of the aged population -
 - there are 2 males for every 3 females;
 - 1 out of 10 is age 85 or over;
 - the oldest age category is predominantly female (there are only 4 males for every 10 females).
- o Of the disabled population -
 - 1 out of 3 is under age 45;
 - 1 out of 2 are 55-64 years old;
 - there are 17 males for every 10 females.

	Total	Male	Female
	(in thousands)		
July 1, 1987			
All Persons	32,411	13,684	18,727
Aged Persons	29,380	11,762	17,619
65 - 74	17,006	7,451	9,554
75 - 84	9,351	3,468	5,883
85 and over	3,024	843	2,181
Disabled Persons	3,031	1,922	1,108
Under 45	995	650	346
45 - 54	637	410	226
55 - 64	1,399	863	536
White	28,080	11,819	16,261
Non-White	3,364	1,478	1,886
Unknown	967	387	580

Source: HCFA/BDMS

May 1989

MEDICARE ENROLLMENT/END STAGE RENAL DISEASE DEMOGRAPHICS

	Number of Enrollees
All Persons	130,939
Age	
Under 25	6,676
25-44	34,524
45-64	47,791
65 and over	41,948
Sex	
Male	71,413
Female	59,526
Race	
White	82,598
Non-white	43,490
Unknown	4,851
(July 1987)	

Source: HCFA/BDMS

May 1989

MEDICARE HI ENROLLMENT/AGING POPULATION

Year	Number (in thous.)	Percent distribution by age					Median age (yrs.)	
		Total	65-69	70-74	75-79	80-84		85+
1966	19,082	100.0	34.1	28.7	19.8	11.2	6.2	72.6
1970	20,361	100.0	33.3	27.2	20.3	12.0	7.2	73.0
1975	22,472	100.0	33.5	26.3	19.3	12.5	8.4	73.0
1980	25,104	100.0	33.1	26.3	18.8	12.2	9.6	73.0
1983	26,670	100.0	32.4	26.2	19.0	12.2	10.1	73.4
1984	27,112	100.0	31.9	26.4	19.2	12.3	10.2	73.4
1985	27,683	100.0	31.9	26.3	19.2	12.3	10.3	73.4
1986	28,257	100.0	31.9	26.2	19.2	12.3	10.3	73.5
1987	28,822	100.0	31.9	26.0	19.2	12.4	10.5	73.5

Source: HCFA/BDMS

MEDICARE HI ENROLLMENT/DEMOGRAPHIC TRENDS

Year	Total Persons	Percent distribution of aged enrollees by sex and race					Female		
		Total	Male			Total	All other Races		
			White	Unknown	Races		White	Unknown	Races
1966	100.0	42.6	38.6	0.6	3.4	57.4	50.8	4.1	2.5
1970	100.0	41.8	37.4	0.9	3.5	58.2	51.9	4.4	1.9
1975	100.0	40.8	36.2	1.0	3.6	59.2	52.8	4.7	1.7
1980	100.0	40.4	35.7	1.1	3.7	59.5	52.9	4.9	1.7
1983	100.0	40.3	35.5	1.1	3.7	59.7	52.9	5.0	1.8
1984	100.0	40.3	35.5	1.1	3.7	59.7	52.9	5.1	1.8
1985	100.0	40.3	35.4	1.2	3.7	59.7	52.8	5.1	1.8
1986	100.0	40.3	35.4	1.2	3.7	59.7	52.7	5.2	1.8
1987	100.0	40.3	35.4	1.2	3.7	59.7	52.6	5.3	1.8

NOTE: Totals do not necessarily equal the sum of rounded components.

Source: HCFA/BDMS

May 1989

MEDICARE/STATE BUY-INS FOR SMI

- o Four out of five State buy-ins are aged.
- o One in 12 aged Medicare SMI enrollees is a State buy-in; one in five disabled SMI enrollees is a buy-in.

Type of Beneficiary <u>1/</u>	1985	1986	1987
All persons			
Number	2,669,615	2,775,933	2,848,743
Percent of SMI enrolled	9.0	9.2	9.2
Aged			
Number	2,164,128	2,221,698	2,249,800
Percent of aged SMI enrolled	8.0	8.0	7.9
Disabled			
Number	505,487	554,235	598,943
Percent of disabled SMI enrolled	19.2	20.7	21.5

1/ Recipients for whom the State paid Medicare SMI premium for month of July.

Source: HCFA/BPO

May 1989

Medicaid Recipients/Trends

	FY 1975	FY 1980	FY 1985	FY 1987	FY 1988	FY 1989	FY 1990
	(in millions)						
Total	22.0	21.6	21.8	23.2	23.9	24.7	25.3
Aged	3.6	3.4	3.1	3.3	3.5	3.6	3.6
Blind	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Disabled	2.4	2.8	2.9	3.3	3.4	3.5	3.5
AFDC-Children	9.6	9.3	9.8	10.2	10.4	10.7	11.0
AFDC-Adults	4.5	4.9	5.5	5.6	5.7	5.8	5.9
Other Title XIX	1.8	1.5	1.2	1.4	1.1	1.2	1.3

NOTE: Recipient categories do not add to total due to the small number of recipients that are in more than one category during the year.

Source: Data for FY 1975 - FY 1987 are historical and reflect actual statistical data (HCFA/BDMS) as reported by States.
Projections for FY 1988 - FY 1990 are based on State estimates from (OACT/OMCE).

Medicaid Recipients/Demographics/Trends

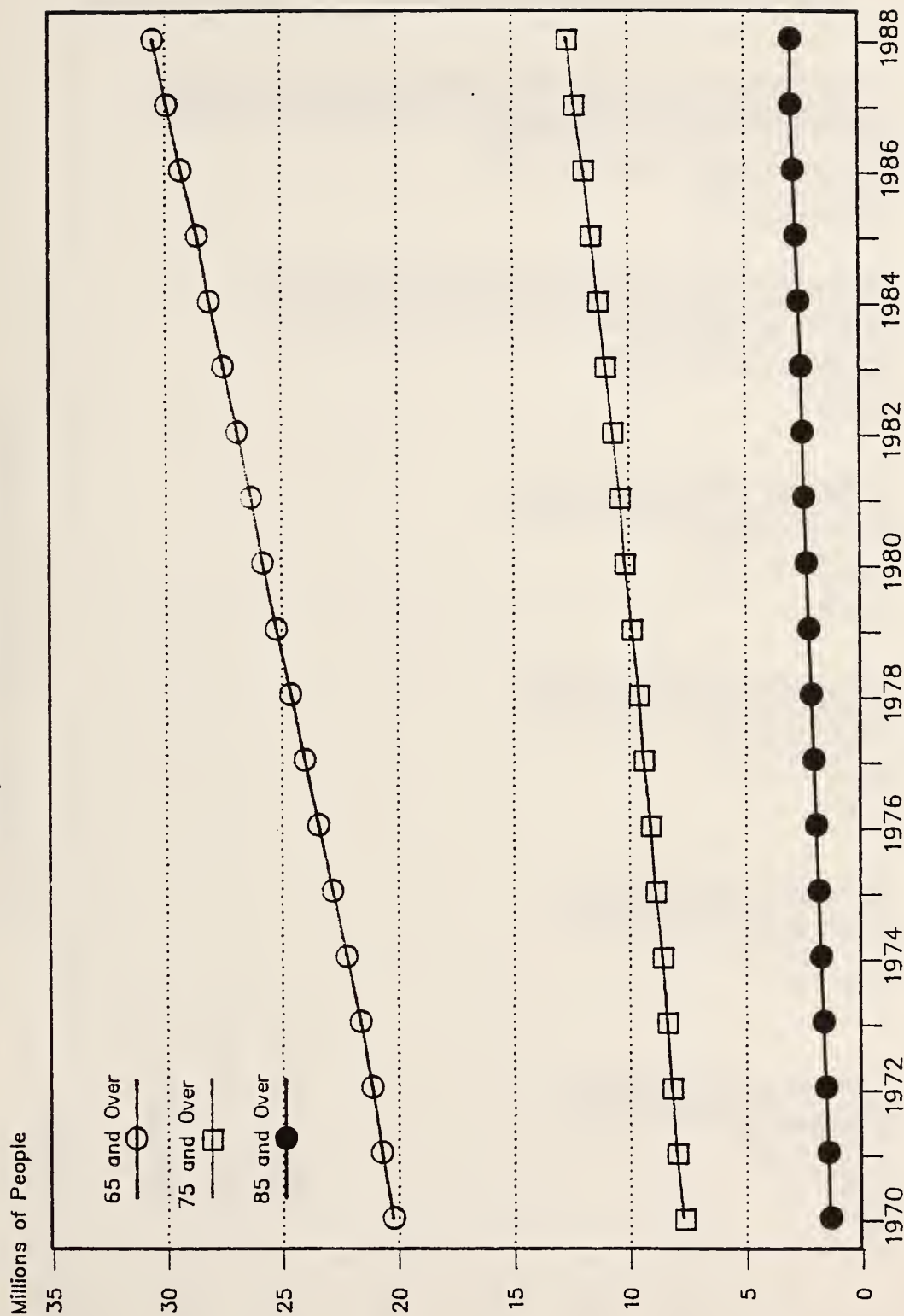
	FY1985	FY1986	FY1987
All Recipients (thousands)	21,814	22,515	23,183
Age	21,814	22,515	23,183
Under 21	50.6%	50.2%	43.5%
21 - 64	33.3	33.4	27.7
65 and over	16.1	16.0	14.8
Unknown	0.0	0.4	14.0
Sex	21,814	22,515	23,183
Male	36.0%	36.0%	31.5%
Female	64.0	64.0	54.8
Unknown	0.0	0.0	13.7
Race	21,814	22,515	23,183
White	52.4%	52.8%	41.0%
Black	28.9	27.4	22.8
American Indian/Alaskan Native	0.7	1.0	0.8
Asian/Pacific Islander	2.0	2.0	1.6
Hispanic	8.0	8.4	6.8
Unknown	8.0	8.4	27.0

NOTE: Data for seven states (Colorado, Kansas, Minnesota, New Jersey, Puerto Rico, Rhode Island, and Wyoming) were not reported; hence, the significant increases for unknowns and corresponding decreases for known categories for FY 1987.

Source: HCFA/BDMS

May 1989

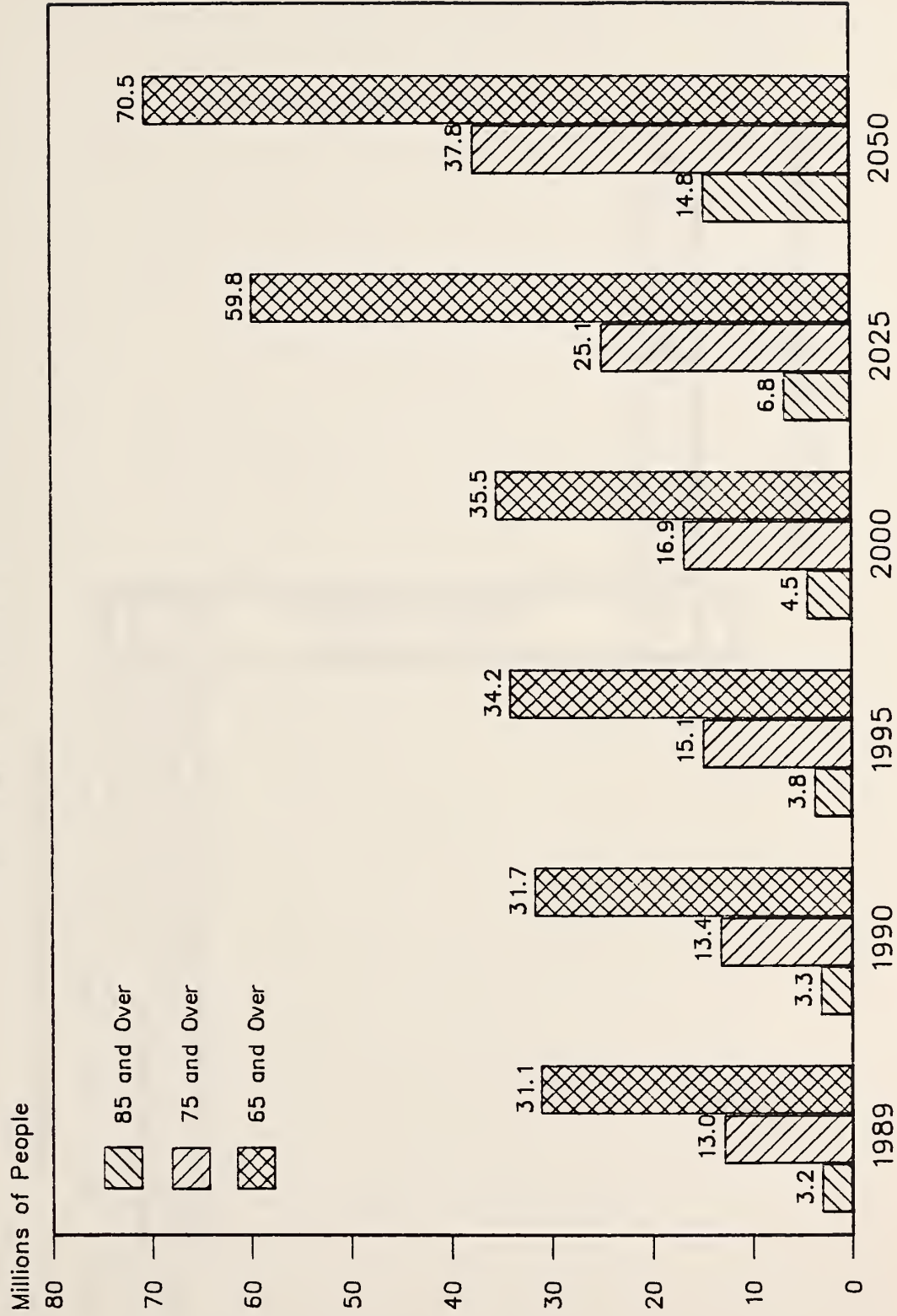
Aged Population of the United States July 1, 1970-1988



Source: U.S. Department of Commerce, Bureau of the Census

May 1989

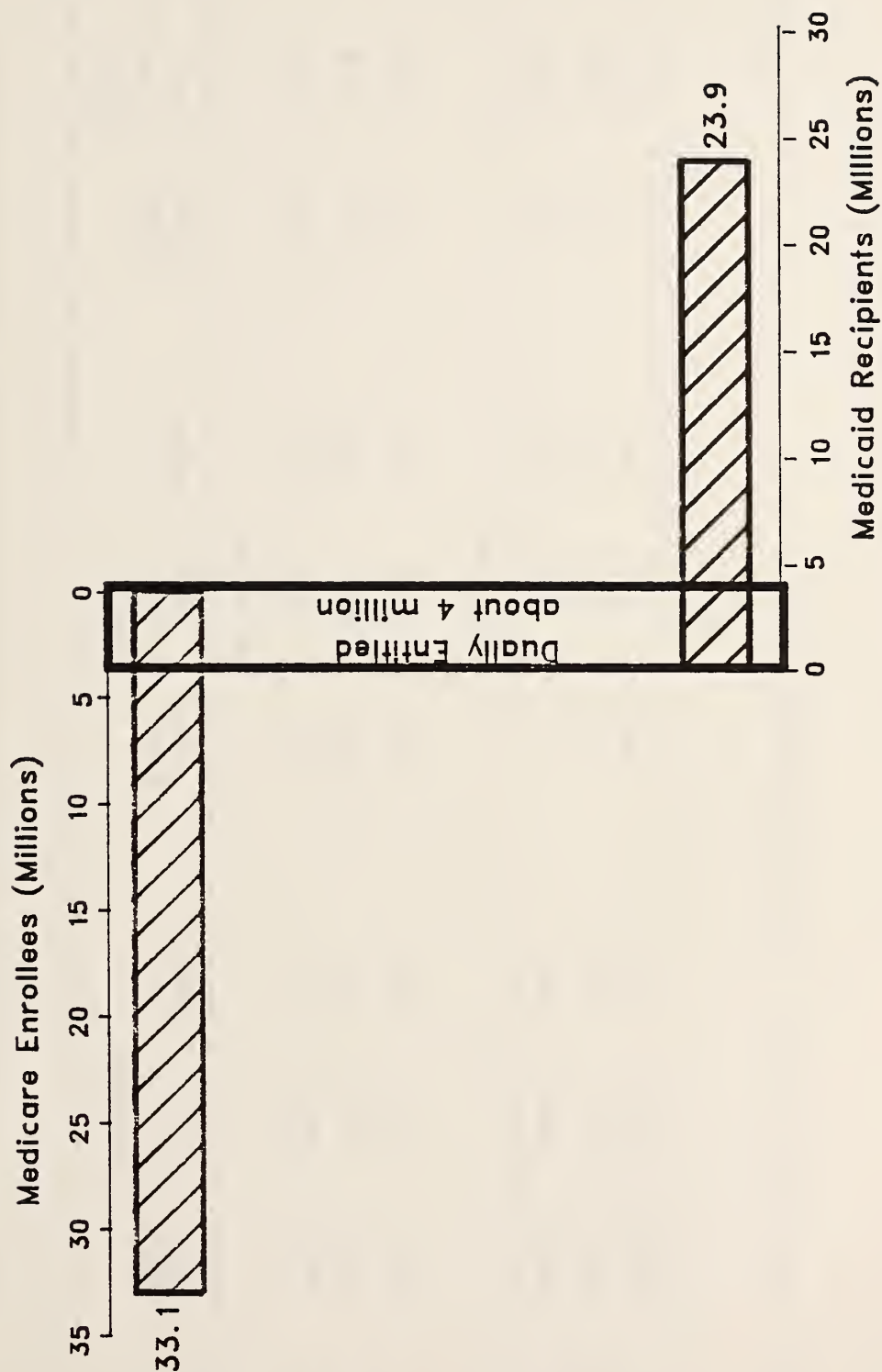
Projected Growth of the Social Security Aged Population, Selected Calendar Years



Source: SSA/OACT

May 1989

HCFA Programs Covered 53 Million People in 1988



Source : HCFA/BDMS

May 1989

Years of Life Expectancy at Birth and at Age 65, by Race and Sex, in 1950, 1980, and 1985

YEAR	ALL RACES			WHITE			BLACK		
	Both Sexes	Men	Women	Both Sexes	Men	Women	Both Sexes	Men	Women
AT BIRTH									
1950	68.2	65.6	71.1	69.1	66.5	72.2	60.7	58.9	62.7
1980	73.7	70.0	77.4	74.4	70.7	78.1	68.1	63.8	72.5
1985	74.7	71.2	78.2	75.3	71.9	78.7	69.5	65.3	73.7
AT AGE 65									
1950	13.9	12.8	15.0	--	12.8	15.1	13.9	12.9	14.9
1980	16.4	14.1	18.3	16.5	14.2	18.4	15.1	13.0	16.8
1985	16.8	14.6	18.6	16.8	14.6	18.7	15.5	13.3	17.2

Source: Public Health Service: Health United States, 1986

May 1989

LIFE EXPECTANCY AT AGE 65

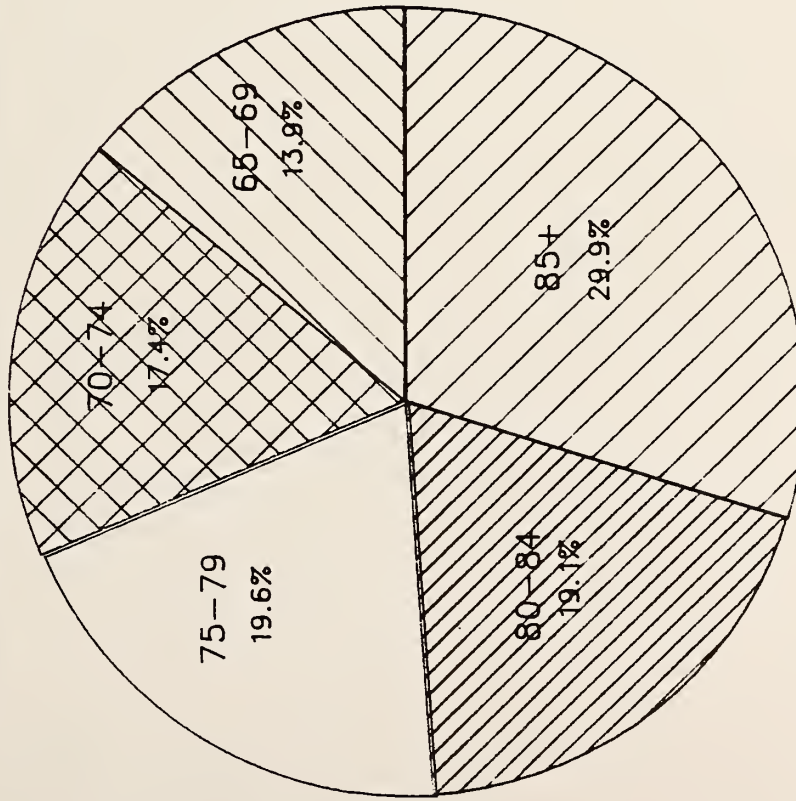
<u>Year</u>	<u>Male</u>	<u>Female</u>
	(in years)	
1965	12.92	16.34
1980	14.04	18.36
1983	14.31	18.64
1984	14.31	18.66
1985	14.40	18.63
1986	14.79	18.69
1987	14.87	18.78
1988	14.94	18.88
1989 (est.)	15.02	18.97

Source: SSA/OACT

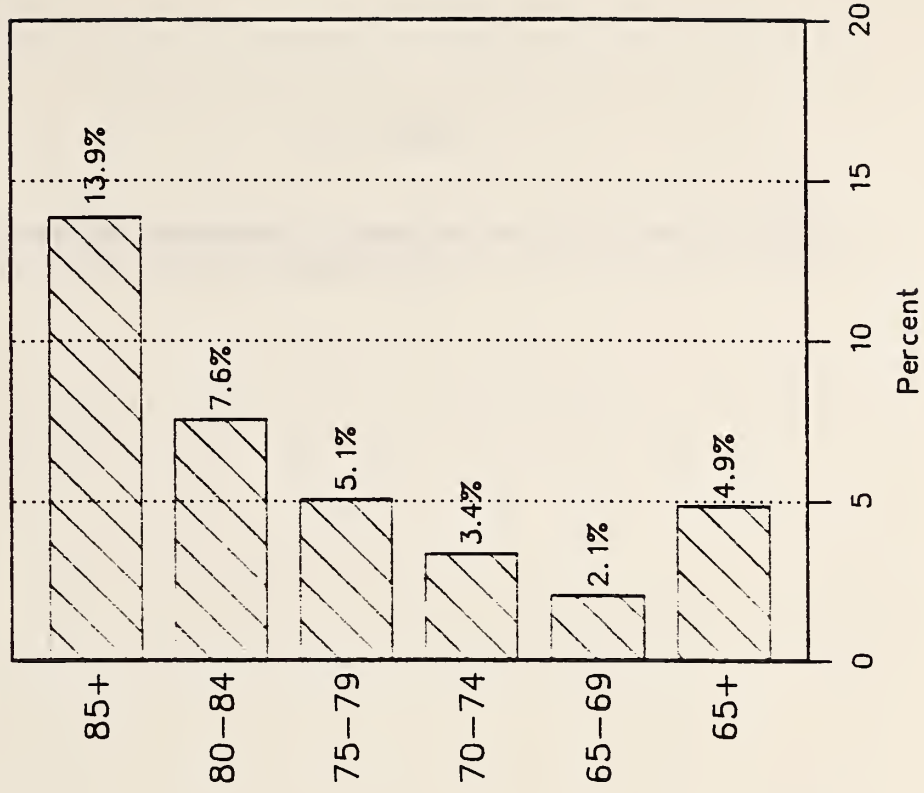
May 1989

Deaths of Medicare Aged Enrollees During Calendar Year 1987

By Age Group as Percent of Total Deaths



As a Percent of Total Age Group Enrollees



Source: HCFA/BDMS

May 1989

VI. INCOME

Information concerning household income and poverty status of the general, Medicare and Medicaid populations.

Economic Profile of Non-Institutionalized Persons Covered
by Medicare and Medicaid, 1987

- o Although household incomes of persons covered by Medicare are lower than household incomes of all persons, proportionately fewer Medicare persons lived in households with incomes below poverty levels.
- o Household incomes of aged persons covered under Medicare are higher than incomes of disabled persons covered under Medicare. The percent of disabled persons whose household incomes fell below poverty levels was twice the rate of aged persons.
- o The poverty rate of persons covered under Medicaid was nearly five times the rate of all persons in 1987.
- o Among the Medicaid population, the poverty rate for children under age 18 is higher than the rate for older persons.

**NUMBER AND PERCENT OF PERSONS IN THE GENERAL
POPULATION LIVING BELOW POVERTY LEVEL**

<u>Year</u>	<u>Persons</u> (in millions)	<u>Percent</u>
1959	39.5	22.4
1966	28.5	14.7
1970	25.4	12.6
1978	24.5	11.4
1979	26.1	11.7
1980	29.3	13.0
1981	31.8	14.0
1982	34.4	15.0
1983	35.3	15.2
1984	33.7	14.4
1985	33.1	14.0
1986	32.4	13.6
1987	32.5	13.5

NOTE: Income estimates beginning in 1983 were based on improved measurement of interest income.

The poverty status for persons living in a household is determined separately for persons in the family of the primary householder and for unrelated individuals who may reside in the household. Data in this series differ from other poverty level series where the poverty status of all residents in a household, related and unrelated, is defined by the poverty status of the householder.

Source: U.S. Department of Commerce, Bureau of the Census

May 1989

NUMBER AND PERCENT OF ELDERLY LIVING BELOW POVERTY LEVEL

<u>Year</u>	<u>Persons</u>		<u>Poverty Level</u>	
	<u>Number</u> (in millions)	<u>Percent of</u> <u>Total Elderly</u>	<u>Single Person</u>	<u>Two Persons</u>
1959	5.5	35.2	\$1,397	\$1,761
1966	5.1	28.5	1,565	1,970
1970	4.8	24.6	1,861	2,348
1978	3.2	14.0	3,127	3,944
1979	3.7	15.2	3,479	4,390
1980	3.9	15.7	3,949	4,983
1981	3.9	15.3	4,359	5,498
1982	3.8	14.6	4,626	5,836
1983	3.6	13.8	4,775	6,023
1984	3.3	12.4	4,979	6,282
1985	3.5	12.6	5,156	6,503
1986	3.5	12.4	5,255	6,630
1987	3.5	12.2	5,447	6,872

NOTE: Income estimates beginning 1983 were based on improved measurement of interest income.

The poverty status for persons living in a household is determined separately for persons in the family of the primary householder and for unrelated individuals who may reside in the household. Data in this series differ from other poverty level series where the poverty status of all residents in a household, related and unrelated, is defined by the poverty status of the householder.

Source: U.S. Department of Commerce, Bureau of the Census

May 1989

**NUMBER AND PERCENT OF PERSONS AND FAMILIES WITH FEMALE HEADS
LIVING BELOW POVERTY LEVEL**

<u>Year</u>	<u>Persons</u>		<u>Families</u>	
	<u>Number</u> (in millions)	<u>Percent</u>	<u>Number</u> (in millions)	<u>Percent</u>
1959	7.0	49.4	1.9	42.6
1966	6.9	39.8	1.7	33.1
1970	7.5	38.1	2.0	32.5
1978	9.3	35.6	2.7	31.4
1979	9.4	34.9	2.6	30.4
1980	10.1	36.7	3.0	32.7
1981	11.1	38.7	3.3	34.6
1982	11.7	40.6	3.4	36.3
1983	12.1	40.2	3.6	36.0
1984	11.8	38.4	3.5	34.5
1985	11.6	37.6	3.5	34.0
1986	11.9	38.3	3.6	34.6
1987	12.1	38.3	3.6	34.3

NOTE: Income estimates beginning in 1983 were based on improved measurement of interest income.

The poverty status for persons living in a household is determined separately for persons in the family of the primary householder and for unrelated individuals who may reside in the household. Data in this series differ from other poverty level series where the poverty status of all residents in a household, related and unrelated, is defined by the poverty status of the householder.

Source: U.S. Department of Commerce, Bureau of the Census

May 1989

Poverty Levels by Age: Money Income
and Money Income plus Noncash Benefits, 1987

(percent of populations)

Age	Money Income ^{1/}		Money Income and Noncash Benefits ^{2/}	
	Poor	Poor and Near Poor	Poor	Poor and Near Poor
All Persons	13.5	18.1	11.2	16.5
Under 18	20.6	25.8	17.1	24.1
18 - 64	10.8	14.4	9.4	13.6
65 and over	12.2	20.3	7.5	15.1

Poor: Below 100 percent of poverty level.

Poor and Near Poor: Below 125 percent of poverty level.

^{1/} Current poverty rate definition.

^{2/} Poverty Budget Share concept. For definition and alternative definitions of poverty see Estimates of Poverty Including the Value of Noncash Benefits 1985, Bureau of the Census, Technical paper 56.

Source: Unpublished data. U.S. Department of Commerce, Bureau of the Census

May 1989

Households with Noncash Benefits by Medicare and Medicaid Status
of Household, 1987

	<u>All Households</u>	<u>Medicare</u>	<u>Medicaid</u>	<u>Non Medicare/ Medicaid</u>
Total Households (in thousands)	91,066	22,672	8,314	60,080
Percent of Households with:				
<u>Means Tested Noncash Benefits</u>				
Food Stamps	7.0	6.3	54.7	0.6
Free or Reduced School Lunch	6.3	2.2	30.7	4.6
Public or Subsidized Renter of Occupied Housing	4.4	6.7	23.4	0.9
Medicaid	9.1	13.1	100.0	0
<u>Non-Means Tested Noncash Benefits</u>				
Regular Price School Lunch	13.9	2.3	4.0	19.6
Group Health Insurance	59.8	31.5	17.7	76.3
Employer or Union Pension Plan	42.2	12.8	10.9	57.6
Medicare	24.9	100.0	35.8	0

Definitions: Noncash Benefits - benefits received in a form other than money which enhance the economic well being of the recipient.

Value received by households thru employer or union contributions to health insurance or pension plan does not necessarily imply use. Enrollment in Medicare or Medicaid does not necessarily imply use.

Source: U.S. Department of Commerce, Bureau of the Census

May 1989

Households and Persons in Households With One or More Persons
Covered by Medicare or Medicaid by Selected Characteristics, 1987

	<u>All Households</u>	<u>Medicare</u>	<u>Medicaid</u>
Number (in thousands)	91,066	22,672	8,314
Mean income	\$32,144	\$21,649	\$11,755
Median income	\$25,986	\$15,100	\$7,158
Percent below current poverty rate	13.1	15.5	60.5
		<u>Percent Distribution</u>	
Size of Household	100.0	100.0	100.0
One person	24.0	39.6	23.4
Two persons	32.2	43.7	23.1
Three or more persons	43.8	16.7	53.5
Mean size of household	2.63	1.92	3.03
Race and Hispanic Origin of Householder <u>1/</u>			
White	86.2	88.1	64.7
Black	11.2	10.3	31.5
Hispanic origin	6.3	3.3	13.1
Place of Residence	100.0	100.0	100.0
Inside metropolitan areas	77.6	74.1	74.3
Inside central cities	32.7	32.8	45.4
Outside central cities	44.9	41.3	28.8
Outside metropolitan areas	22.4	25.9	25.7
Work Experience in 1987	100.0	100.0	100.0
Worked	72.4	21.7	36.3
Full time	64.6	12.5	25.5
40 or more weeks	58.1	9.8	15.8
Less than 40 weeks	6.5	2.8	9.7
Part time	7.8	9.2	10.9
40 or more weeks	4.5	4.9	4.0
Less than 40 weeks	3.2	4.3	6.9
Did not work	27.6	78.3	63.7

1/ Persons of Hispanic origin may be of any race.

NOTE: Percent distribution based on rounded numbers.

Source: U.S. Department of Commerce, Bureau of the Census

Non-institutionalized Persons 15 Years and Older Covered by Medicare, by Household
Income and Poverty Status of the Primary Family or Individual, 1987

Household Money Income	Age		Sex		Race and Hispanic Origin 1/		
	65 and over	Under 65	Male	Female	White	Black	Hispanic origin
(number in thousands)							
Total	27,407	2,878	12,862	17,423	26,936	2,851	1,002
Under \$5,000	2,009	293	586	1,717	1,674	589	164
\$5,000-\$9,999	5,546	645	2,004	4,187	5,301	805	245
\$10,000-\$14,999	4,856	456	2,297	3,016	4,716	529	184
\$15,000-\$19,999	3,867	387	1,964	2,291	3,892	323	118
\$20,000-\$24,999	2,747	256	1,471	1,532	2,793	183	83
\$25,000-\$34,999	3,541	366	1,935	1,971	3,621	217	89
\$35,000-\$49,999	2,503	249	1,348	1,404	2,530	140	56
\$50,000 and over	2,338	226	1,258	1,305	2,408	66	64
Below Current Poverty Level	3,299	760	1,331	2,729	2,906	1,057	310
(percent)							
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Under \$5,000	7.3	10.2	4.6	9.9	6.2	20.7	16.4
\$5,000-\$9,999	20.2	22.4	15.6	24.0	19.7	28.2	24.5
\$10,000-\$14,999	17.7	15.8	17.9	17.3	17.5	18.6	18.4
\$15,000-\$19,999	14.1	13.4	15.3	13.1	14.4	11.3	11.8
\$20,000-\$24,999	10.0	8.9	11.4	8.8	10.4	6.4	8.3
\$25,000-\$34,999	12.9	12.7	15.0	11.3	13.4	7.6	8.9
\$35,000-\$49,999	9.1	8.7	10.5	8.1	9.4	4.9	5.6
\$50,000 and over	8.5	7.9	9.8	7.5	8.9	2.3	6.4
Below Current Poverty Level	12.0	26.4	10.3	15.7	10.8	37.1	31.0

1/ Persons of Hispanic origin may be of any race.

NOTE: Percent distribution based on rounded numbers.

Source: U.S. Department of Commerce, Bureau of the Census

May 1989

Selected Characteristics of Non-institutionalized
Persons 15 Years and Over Covered by Medicare: 1987

(number in thousands)

<u>Relationship to Family Householder</u>	<u>Number</u>	<u>Percent</u>
Total persons	30,285	100.0
In families	20,638	68.1
Householder	11,214	37.0
Spouse of householder	7,002	23.1
Other relative of householder	2,422	8.0
In unrelated subfamilies	26	0.1
Unrelated individuals	9,620	31.8
Marital Status		
Total persons	30,285	100.0
Married, spouse present	16,394	54.1
Married, spouse absent	667	2.2
Widowed	9,825	32.4
Divorced	1,442	4.8
Single (never married)	1,957	6.5
Work Experience in 1987		
Total persons	30,285	100.0
Worked	3,140	10.4
Worked at full-time jobs	1,792	5.9
40 weeks or more	1,073	3.5
27-39 weeks	128	0.4
26 weeks or less	591	2.0
Worked at part-time jobs	1,348	4.5
27-39 weeks	1,059	3.5
26 weeks or less	290	1.0
Did not work	27,145	89.6
Place of Residence		
Total persons	30,285	100.0
Inside metropolitan areas	22,312	73.7
Inside central cities	9,593	31.7
Outside central cities	12,719	42.0
Outside metropolitan areas	7,973	26.3

NOTE: Percent distribution based on rounded numbers.

Source: U. S. Department of Commerce, Bureau of the Census

May 1989

Non-institutionalized Persons Covered by Medicaid,
by Household Money Income and Poverty Status
of the Primary Family or Individual, 1987

<u>Household Money Income</u>	<u>Total</u>	<u>Under 18</u>	<u>18-64</u>	<u>65 and over</u>
-----------------------------------	--------------	-----------------	--------------	--------------------

(number in thousands)

Total	19,526	8,652	8,475	2,400
Under \$2,500	1,489	692	721	75
\$2,500-\$4,999	3,979	1,759	1,586	635
\$5,000-\$7,499	4,176	1,946	1,705	523
\$7,500-\$9,999	2,476	1,235	988	253
\$10,000-\$12,499	1,834	870	777	188
\$12,500-\$14,999	1,110	451	491	168
\$15,000-\$19,999	1,599	663	747	189
\$20,000 and over	2,864	1,034	1,460	369
Below Current Poverty Level	13,233	6,763	5,412	1,059

(percent)

Total	100.0	100.0	100.0	100.0
Under \$2,500	7.6	8.0	8.5	3.1
\$2,500-\$4,999	20.4	20.3	18.7	26.5
\$5,000-\$7,499	21.4	22.5	20.1	21.8
\$7,500-\$9,999	12.7	14.3	11.7	10.5
\$10,000-\$12,499	9.4	10.1	9.2	7.8
\$12,500-\$14,999	5.7	5.2	5.8	7.0
\$15,000-\$19,999	8.2	7.7	8.8	7.9
\$20,000 and over	14.7	12.0	17.2	15.4
Below Current Poverty Level	67.8	78.2	63.9	44.1

NOTE: Percent distribution based on rounded numbers.

Source: U.S. Department of Commerce, Bureau of the Census May 1989

Selected Characteristics of Non-institutionalized
Persons Covered by Medicaid: 1987

(number in thousands)

<u>Relationship to Family Householder</u>	<u>Number</u>	<u>Percent</u>
Total persons	19,526	100.0
Male	7,832	40.1
In families	6,786	34.8
Householder	1,385	7.1
Husband of householder	158	0.8
Other relative of householder	5,242	26.8
In unrelated subfamilies	147	0.8
Unrelated individuals	900	4.6
Female	11,694	59.9
In families	9,815	50.3
Householder	3,055	15.6
Wife of householder	1,366	7.0
Other relative of householder	5,394	27.6
In unrelated subfamilies	280	1.4
Unrelated individuals	1,599	8.2
Marital Status		
Male	7,832	40.1
Married, spouse present	1,440	7.4
Married, spouse absent	226	1.2
Widowed	214	1.1
Divorced	290	1.5
Single (never married)	5,662	29.0
Female	11,694	59.9
Married, spouse present	1,633	8.4
Married, spouse absent	972	5.0
Widowed	1,281	6.6
Divorced	1,217	6.2
Single (never married)	6,591	33.8
Race and Hispanic Origin 1/		
White	11,834	60.6
Black	6,734	34.5
Hispanic origin	2,845	14.6
Place of Residence		
Inside metropolitan areas	14,516	74.3
Inside central cities	9,139	46.8
Outside central cities	5,377	27.5
Outside metropolitan areas	5,011	25.7

1/ Persons of Hispanic origin may be of any race.

NOTE: Percent distribution based on rounded numbers.

Source: U.S. Department of Commerce, Bureau of the Census

May 1989

Income by Source Within Economic Groups of Elderly People Living Alone

ECONOMIC GROUP

	All Elderly People Living Alone	Poor	Near Poor	Modest	Moderate/ High
Mean Income	\$14,090	\$4,282	\$6,650	\$11,440	\$31,574
Percent Distribution					
Sources of Income, Total	100.0	100.0	100.0	100.0	100.0
Social Security	40.3	79.1	80.9	53.9	21.5
Income from Assets	36.4	3.5	7.6	21.0	52.2
Employer Pensions	11.8	2.7	5.8	13.2	13.3
Employment Earnings	9.2	0.6	2.7	7.4	12.1
Supplemental Security Income	1.1	13.6	2.3	0.1	--
Other	1.3	0.5	0.7	2.5	0.9

NOTES: Alone refers to people living by themselves in independent households. Poor refers to those whose total income is below the official poverty line as defined by the Federal Government, which was \$5,393 in 1987 for a single elderly person. Near-poor refers to those whose income is between 100 and 149 percent of the official poverty line (between \$5,393 and \$8,036 in 1987 for an elderly person living alone). Modest income refers to those whose income is between 150 and 299 percent of the official poverty line (between \$8,036 and \$16,179 for an elderly person living alone). Moderate to high refers to those whose income is at or above 300 percent of the official poverty line (more than \$16,179 for an elderly person living alone).

Source: ICF Estimates as cited in Old, Alone, and Poor. A Report of The Commonwealth Fund Commission on Elderly People Living Alone, 1987.

May 1989

Wealth of Aged Households by Marital Status, 1984

Percent distribution of aged households, by net worth, age, and marital status of householder

Net worth	Age and marital status					
	65 or older		65-74		75 or older	
	Married	Other	Married	Other	Married	Other
Number of households (millions)	7.9	10.3	5.5	5.2	2.4	5.1
	Percent					
Total	100	100	100	100	100	100
Negative or \$0	2	10	2	12	3	8
\$1-\$9,999	7	17	7	16	8	18
\$10,000-\$24,999	7	11	7	11	6	11
\$25,000-\$49,999	13	17	13	16	13	18
\$50,000-\$99,999	27	25	27	26	28	24
\$100,000-\$249,999	32	18	32	17	33	18
\$250,000 or more	10	3	11	3	8	2
Median	\$84,400	\$41,500	\$85,420	\$40,780	\$83,400	\$42,710

NOTE: The net worth concept is defined here as wealth minus unsecured debt. Wealth consists of equity (market value minus secured debt) in owner-occupied homes; motor vehicles; business, professional practice, or farm; rental property, vacation homes, and other real estate; and financial assets. Social Security wealth, pension wealth and household durable goods are not included in the wealth estimates.

Source: Social Security Bulletin: Volume 52, Number 3, March 1989

May 1989

Wealth of Aged Households by Marital Status, 1984

Percent distribution of aged households, by financial assets, age, and marital status of householder

Financial assets	Age and marital status					
	65 or older		65-74		75 or older	
	Married	Other	Married	Other	Married	Other
	Percent					
Total	100	100	100	100	100	100
\$0	8	15	8	17	7	13
\$1-\$999	9	16	9	17	10	14
\$1,000-\$9,999	22	24	22	21	22	28
\$10,000-\$24,999	15	15	15	16	14	14
\$25,000-\$49,999	16	13	17	13	15	12
\$50,000-\$99,999	18	12	17	11	21	14
\$100,000 or more	12	5	12	4	12	5
Median ^{1/}	\$20,600	\$6,770	\$20,100	\$5,100	\$21,340	\$8,000

^{1/}For all households in the group.

NOTE: The financial assets category includes passbook savings accounts, certificates of deposit, interest-earning checking accounts, money market funds, U.S. Government securities, municipal or corporate bonds, stocks and mutual fund shares, U.S. savings bonds, Individual Retirement Accounts and Keogh plans, regular checking accounts, mortgages held for sale of real estate, amount due from sale of business or property, other interest-earning assets, and other financial assets.

Source: Social Security Bulletin: Volume 52, Number 3, March 1989

May 1989

VII. UTILIZATION

Information about the use of health care services.

Current and trend data measuring health care use including: (1) persons served; (2) units of service, e.g., admissions, discharges, days of care, etc.; and (3) dimensions of the services rendered, e.g., average length of stay, charges per day, etc. Utilization data are distributed for program coverage categories and type of service.

MEDICARE/SHORT-STAY HOSPITAL UTILIZATION

	FY 83	FY 84	FY 85	FY 86 ^{1/}	FY 87 ^{1/}
Discharges ^{2/}					
Total (millions) ^{3/}	11.7	11.5	10.9	10.6	10.6
Rate per 1,000 Enrollees	397	386	359	342	335
Days of Care					
Total (millions)	117	105	95	93	94
Rate per 1,000 Enrollees	3,978	3,544	3,125	2,992	2,982
Average Length of Stay per Discharge	10.0	9.2	8.7	8.7	8.9
Total Charges Per Day	\$470	\$535	\$605	\$669	\$740

^{1/} Estimated.

^{2/} Includes admissions and transfers to excluded units within PPS hospitals.

^{3/} Rates are based on unrounded aggregate levels. The population base excludes HI enrollees residing in foreign countries.

NOTE: Data in this table are inflated for FY 1984-87 to account for discharges where no discharge bill has been received in central office. Underreporting is due to a variety of reasons including: operational difficulties experienced by intermediaries dealing with the implementation of PPS and the UNIBILL conversion; no-pay, at-risk HMO utilization; and Medicare secondary payer bills. This table attempts to account for HMO and MSP utilization as well as traditional fee-for-service.

Source: HCFA/BDMS

May 1989

MEDICARE/SHORT-STAY HOSPITAL UTILIZATION TRENDS

Calendar Year	All Beneficiaries			
	Covered Days of Care (in millions)	Covered Days of Care Per 1,000 Enrollees	Mean Covered Charge Per Covered Day	Mean Interim Reimbursement Per Covered Day
1970	76.6	3,764	\$ 76	\$ 60
1971	75.9	3,661	88	68
1972	76.6	3,629	96	74
1973	82.5	3,539	105	81
1974	87.9	3,674	121	92
1975	90.0	3,653	147	111
1976	94.2	3,722	173	129
1977	96.4	3,694	199	147
1978	99.3	3,708	227	164
1979	102.3	3,727	257	184
1980	108.3	3,860	298	208
1981	110.5	3,865	353	243
1982	112.6	3,873	421	282
1983	111.1	3,756	491	315

Source: HCFA/BDMS

MEDICARE/SHORT-STAY HOSPITAL LENGTH OF STAY TRENDS

Calendar Year	Average Length of Stay (Days)	
	Aged	Disabled
1975	11.2	10.7
1976	11.1	10.5
1977	11.0	10.3
1978	10.8	10.1
1979	10.7	10.0
1980	10.7	10.0
1981	10.5	9.9
1982	10.2	9.7
1983	9.6	9.2

NOTE: See PPS Activity section for later data.

Source: HCFA/BDMS

May 1989

MEDICARE/TRENDS IN SHORT-STAY HOSPITAL ADMISSIONS

Calendar Year	Aged				Disabled			
	HI		Admissions		HI		Admissions	
	Enrollees 1/ (millions)	Number (thousands)	Rate Per 1,000 Enrollees	Annual Percent Change	Enrollees 1/ (millions)	Number (thousands)	Rate Per 1,000 Enrollees	Annual Percent Change
1970	20.2	6,045	299	--	--	--	--	--
1971	20.6	6,227	303	1.3	--	--	--	--
1972	20.9	6,521	312	3.0	--	--	--	--
1973	21.4	6,772	317	1.6	--	--	--	--
1974	21.8	7,068	324	2.2	1.9	687	358	--
1975	22.3	7,320	329	1.5	2.2	806	373	4.2
1976	22.7	7,706	339	3.0	2.4	919	386	3.5
1977	23.3	8,038	345	1.8	2.6	1,029	394	2.1
1978	23.8	8,308	349	1.2	2.8	1,115	401	1.8
1979	24.3	8,605	354	1.4	2.9	1,185	409	2.0
1980	24.9	9,185	369	4.2	3.0	1,250	424	3.4
1981	25.4	9,555 2/	377	2.0	3.0	1,303 2/	436	3.0
1982	25.9	10,007	386	2.6	2.9	1,330	452	3.7

1/ Excludes persons residing in foreign countries.

2/ Partially estimated.

Source: HCFA/BDMS

May 1989

MEDICARE/TRENDS IN SHORT-STAY HOSPITAL ADMISSIONS

Calendar Year	HI Enrollees 1/ (millions)	Aged			Disabled		
		Admissions			Admissions		
		Number (thousands)	Rate Per 1,000 Enrollees	Annual Percent Change	HI Enrollees 1/ (millions)	Number (thousands)	Rate Per 1,000 Enrollees
							Annual Percent Change
Short-stay and excluded units							
1983	26.4	10,383	393	1.8	2.9	1,343	462
1984	26.9	10,250	381	-3.1	2.9	1,299	453
1985	27.5	9,659	352	-7.6	2.9	1,246	431
1986 1/	28.0	9,480	338	-4.0	2.9	1,220	414
1987 1/	28.6	9,530	333	-1.5	3.0	1,170	388
Short-stay units only 2/							
1983	26.4	10,379	392	--	2.9	1,340	462
1984	26.9	10,175	378	-3.6	2.9	1,259	439
1985	27.5	9,542	348	-7.9	2.9	1,183	409
1986 1/	28.0	9,335	333	-4.3	2.9	1,140	387
1987 1/	28.6	9,365	328	-1.5	3.0	1,085	360

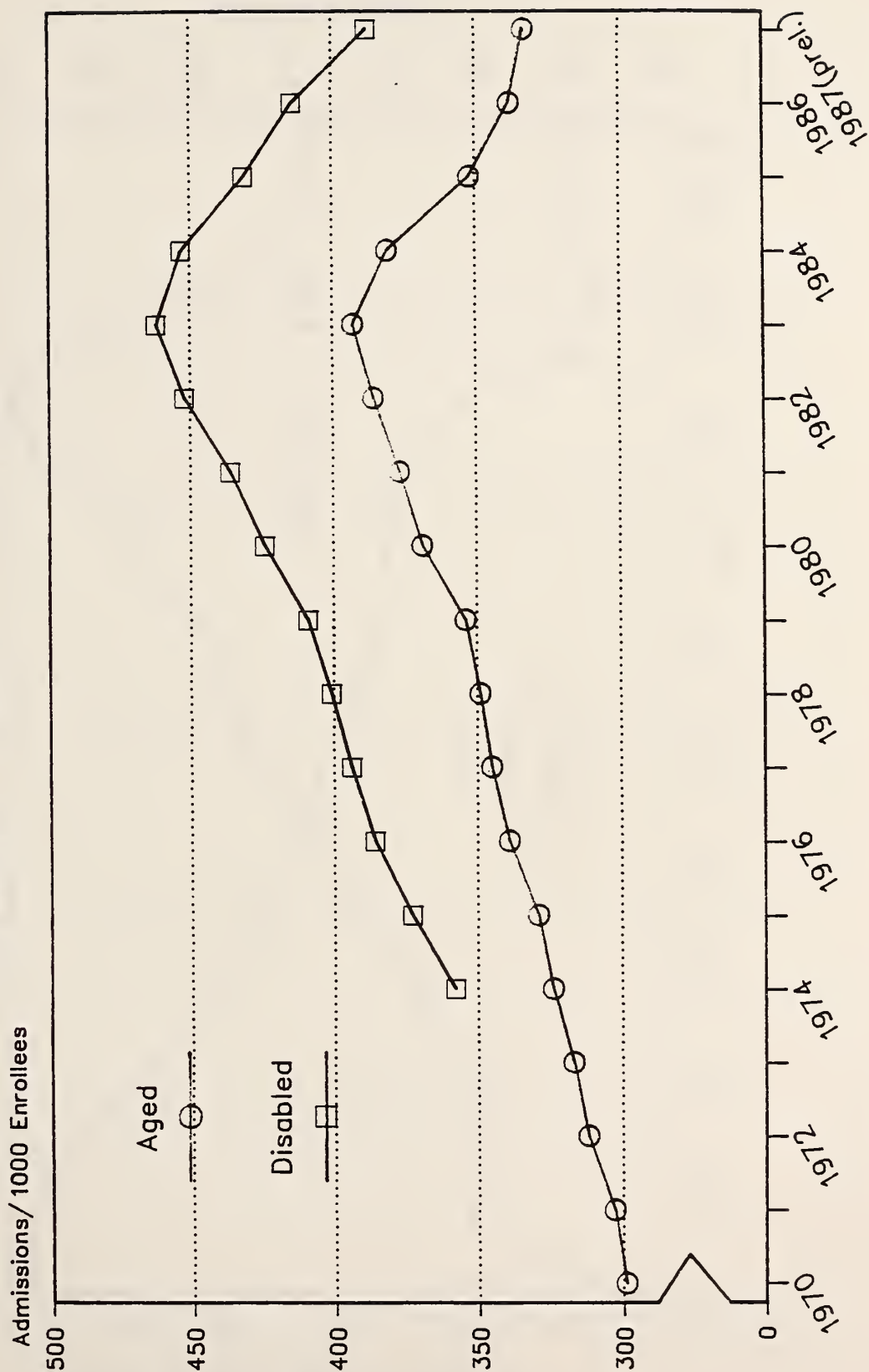
1/ Preliminary estimates.

2/ Does not include admissions and transfers to excluded units.

Source: HCFA/BDMS

May 1989

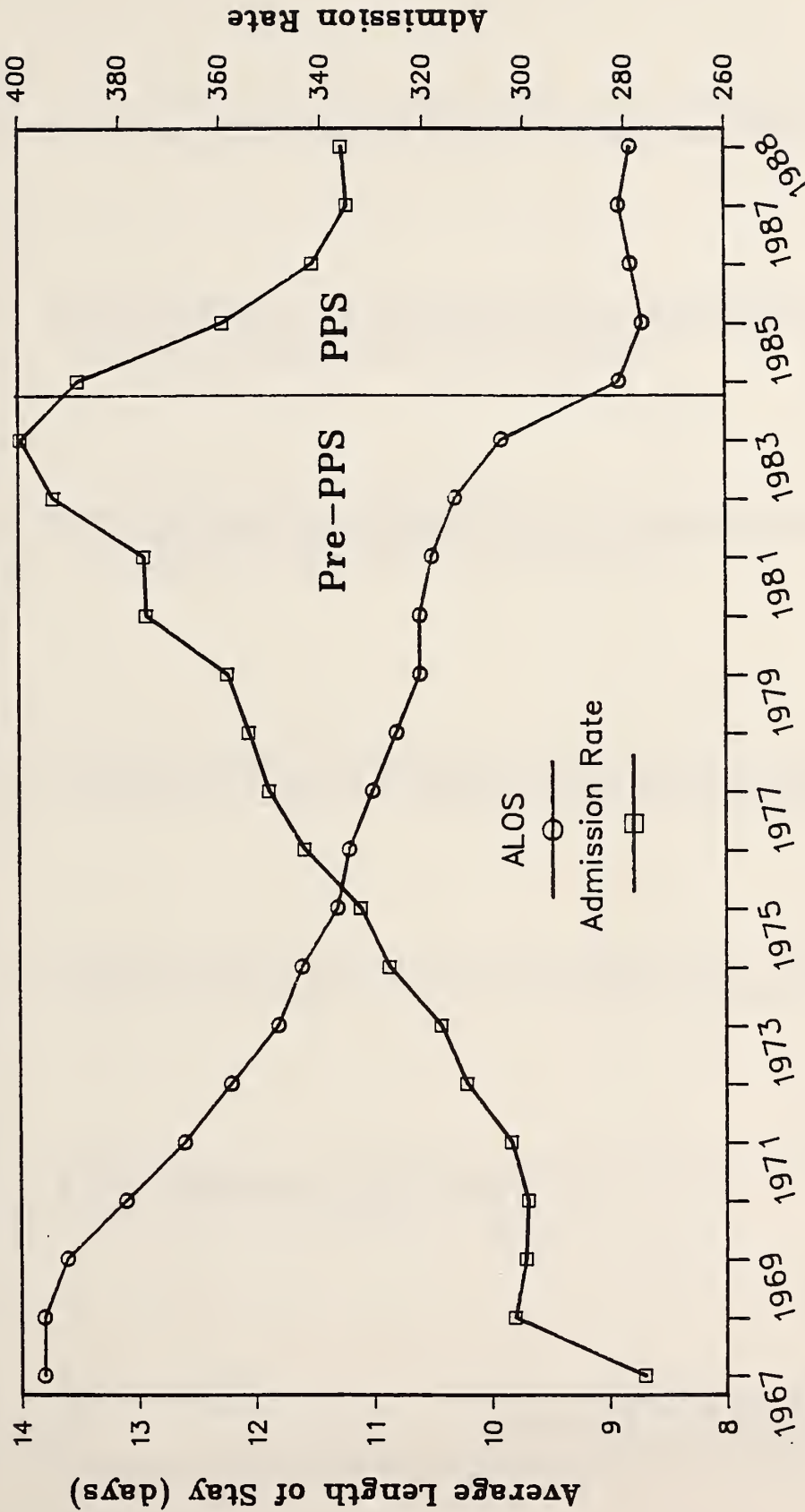
Medicare Short-Stay Hospital Admissions per 1000 HI Enrollees Calendar Years 1970-1987



Source : HCFA/BDMS

May 1989

Medicare Short-Stay Hospital Utilization Admissions per 1000 Enrollees vs Average Length of Stay Calendar Years 1967-1988



Source : HCFA/BDMS

May 1989

Medicare/Inpatient Hospital Days Per Person by Days of Care

Total days of care CY 1986	Persons using that number of days (in thousands)	Percent distribution	Cumulative percent distribution	Total days used (in thousands)	Covered days used (in thousands)	Covered days as a percent of total days
Total	6,380	100.0	100.0	93,784	87,194	93.0
1 Day(s)	298	4.7	4.7	298	294	98.6
2	412	6.5	11.1	823	813	98.7
3	449	7.0	18.2	1,346	1,332	98.9
4	470	7.4	25.5	1,880	1,863	99.1
5	430	6.7	32.3	2,149	2,129	99.1
6	385	6.0	38.3	2,308	2,285	99.0
7	361	5.7	43.9	2,526	2,499	98.9
8	320	5.0	49.0	2,563	2,538	99.0
9	285	4.5	53.4	2,567	2,543	99.1
10	251	3.9	57.4	2,506	2,483	99.1
11	227	3.6	60.9	2,496	2,468	98.9
12	201	3.2	64.1	2,414	2,391	99.0
13	177	2.8	66.8	2,295	2,271	98.9
14	164	2.6	69.4	2,291	2,263	98.8
15	147	2.3	71.7	2,211	2,189	99.0
16	129	2.0	73.7	2,069	2,044	98.8
17	116	1.8	75.6	1,968	1,950	99.1
18	105	1.6	77.2	1,890	1,870	99.0
19	96	1.5	78.7	1,821	1,801	98.9
20	89	1.4	80.1	1,770	1,749	98.8
21-30	581	9.1	89.2	14,430	14,248	98.7
31-40	281	4.4	93.6	9,813	9,640	98.2
41-50	154	2.4	96.0	6,930	6,764	97.6
51-60	92	1.4	97.5	5,088	4,924	96.8
61-70	55	0.9	98.3	3,552	3,399	95.7
71-80	34	0.5	98.8	2,575	2,434	94.5
81-90	22	0.3	99.2	1,896	1,768	93.3
91-100	13	0.2	99.4	1,282	1,154	90.0
101-125	17	0.3	99.7	1,874	1,550	82.7
126-150	6	0.1	99.8	833	604	72.5
151-175	4	0.1	99.8	592	335	56.6
176-200	2	0.0	99.9	370	166	44.8
201-225	1	0.0	99.9	190	66	34.8
226-250	1	0.0	99.9	237	74	31.1
251-275	1	0.0	99.9	235	53	22.6
276-300	1	0.0	99.9	173	31	18.0
301-325	1	0.0	99.9	232	41	17.7
326-350	1	0.0	99.9	169	23	13.6
351+	5	0.1	100.0	3,124	147	4.7

Notes: These data reflect individual stays. A beneficiary may use more than one stay in a benefit period.
 Calendar year data derived from 1986 MEOPAR person file. This file includes stays recorded in HCFA
 central office through September 1987.

Source: HCFA/ORD

May 1989

MEDICARE/SHORT-STAY HOSPITAL DISCHARGES BY LENGTH OF STAY - CY 1986

Total length of stay	Discharges (aged and disabled)			Total days of care		
	Number (in thousands)	Percent distribution	Cumulative percent distribution	Number (in thousands)	Percent distribution	Cumulative percent distribution
Total	9,923	100.0	100.0	85,730	100.0	100.0
1 Day(s)	671	6.8	6.8	671	0.8	0.8
2	893	9.0	15.8	1,786	2.1	2.9
3	959	9.7	25.5	2,877	3.4	6.2
4	983	9.9	35.4	3,934	4.6	10.8
5	892	9.0	44.4	4,461	5.2	16.0
6	772	7.8	52.1	4,629	5.4	21.4
7	712	7.2	59.3	4,987	5.8	27.2
8	611	6.2	65.5	4,884	5.7	32.9
9	505	5.1	70.6	4,548	5.3	38.3
10	428	4.3	74.9	4,282	5.0	43.2
11	359	3.6	78.5	3,948	4.6	47.9
12	291	2.9	81.4	3,495	4.1	51.9
13	244	2.5	83.9	3,166	3.7	55.6
14	217	2.2	86.1	3,032	3.5	59.2
15	182	1.8	87.9	2,734	3.2	62.3
16	146	1.5	89.4	2,332	2.7	65.1
17	121	1.2	90.6	2,050	2.4	67.5
18	103	1.0	91.6	1,851	2.2	69.6
19	89	0.9	92.5	1,683	2.0	71.6
20	75	0.8	93.3	1,499	1.7	73.3
21	73	0.7	94.0	1,527	1.8	75.1
22	60	0.6	94.6	1,312	1.5	76.6
23	51	0.5	95.1	1,172	1.4	78.0
24	44	0.4	95.6	1,050	1.2	79.2
25	39	0.4	96.0	965	1.1	80.4
26	33	0.3	96.3	866	1.0	81.4
27	30	0.3	96.6	808	0.9	82.3
28	30	0.3	96.9	853	1.0	83.3
29	27	0.3	97.2	774	0.9	84.2
30	23	0.2	97.4	680	0.8	85.0
31-40	133	1.3	98.8	4,619	5.4	90.4
41-50	59	0.6	99.4	2,646	3.1	93.5
51-60	28	0.3	99.6	1,548	1.8	95.3
61-90	29	0.3	99.9	2,057	2.4	97.7
91+	13	0.1	100.0	2,005	2.3	100.0

Note: These data reflect individual stays. A beneficiary may use more than one stay in a benefit period. Calendar year data derived from 1986 MEDPAR file. This file includes discharges recorded in HCFA central office through September 1987.

Medicare BMAD Leading Procedure Codes Based on Allowed Charges
Calendar Year 1987

Procedure Code	Description	Allowed Charges	Percent of Total Allowed Charges <u>1/</u>
All procedure codes <u>2/</u>		\$28,890,216,871	100.0%
Leading procedure codes		16,247,087,968	56.2
66984	Remove cataract, insert lens	1,582,050,892	5.5
90060	Office visit, intermediate	1,034,715,848	3.6
90260	Hospital visit, intermediate	878,996,700	3.0
90050	Office visit, limited	858,936,883	3.0
90250	Hospital visit, limited	604,384,990	2.1
90620	Comprehensive consultation	447,926,010	1.6
90220	Hospital care, new, comprehensive	437,401,231	1.5
52601	Prostatectomy (TUR)	332,203,279	1.1
93000	ECG, with report	329,639,534	1.1
71020	X-ray exam of chest	318,624,575	1.1
90070	Office visit extended	283,208,835	1.0
A0010	Ambulance service, basic life support	272,401,014	0.9
90270	Hospital visit, extended	267,589,313	0.9
E1396	Oxygen concentrator, equiv. to over 1952 cu. ft.	257,495,841	0.9
90040	Office visit, brief	222,180,815	0.8
93010	ECG report only	205,088,007	0.7
33512	Coronary artery bypass, 3 grafts	195,661,324	0.7
90080	Office visit, comprehensive	190,183,096	0.7
27130	Total hip joint replacement	188,339,283	0.7
27447	Total knee replacement	179,736,096	0.6
90020	Office visit, new, comprehensive	172,984,974	0.6
66983	Remove cataract, insert lens	171,876,120	0.6
33513	Coronary artery bypass, 4 grafts	167,825,544	0.6
71010	X-ray exam of chest	162,459,434	0.6
90240	Hospital visit, brief	161,643,283	0.6
E0410	Oxygen contents, liquid, per pound	151,585,872	0.5
92014	Eye exam & treatment	151,266,036	0.5
43235	Upper GI endoscopy, diagnosis	150,536,140	0.5
90630	Complex consultation	149,809,841	0.5
93547	Heart catheter & angiogram	140,511,073	0.5
45378	Diagnostic colonoscopy	137,999,608	0.5
80019	Automated multichannel test	135,976,141	0.5
A2000	Manipulation of spine by chiropractor	132,023,198	0.5
66821	Lasering, secondary cataract	129,754,507	0.4
27244	Repair of femur fracture	126,531,604	0.4

Medicare BMAD Leading Procedure Codes Based on Allowed Charges
Calendar Year 1987

Procedure Code	Description	Allowed Charges	Pe- cent of Total Allowed Charges <u>1/</u>
45385	Colonoscopy, lesion removal	122,058,612	0.4
92012	Eye exam & treatment	116,674,440	0.4
35301	Rechannelling of artery	114,011,554	0.4
44140	Partial removal of colon	110,253,583	0.4
90215	Hospital care, new, intermediate	109,649,558	0.4
99173	Critical care, follow-up	106,798,663	0.4
90280	Hospital visit, comprehensive	106,295,420	0.4
93549	Heart catheter & angiogram	101,418,099	0.4
43239	Upper GI endoscopy, biopsy	99,236,122	0.3
70470	Contrast CAT scans of head	98,395,723	0.3
88304	Surgical pathology, complete	97,566,452	0.3
27236	Repair of femur fracture	96,614,341	0.3
90844	Individual psychotherapy	93,701,052	0.3
90292	Hospital discharge day	92,208,206	0.3
70450	CAT scan of head or brain	91,687,810	0.3
45330	Sigmoidoscopy	90,779,965	0.3
88305	Surgical pathology, complete	90,630,392	0.3
77410	Daily radiation therapy	88,888,900	0.3
99160	Critical care, each hour	87,924,601	0.3
47605	Removal of gallbladder	86,131,269	0.3
76091	X-ray exam of breasts	85,962,731	0.3
67228	Treatment of retinal lesion	84,868,460	0.3
A0020	Ambulance service, basic life support	84,210,532	0.3
90015	Office visit, new, intermediate	83,276,299	0.3
90515	Emergency care, new, intermediate	82,422,296	0.3
33511	Coronary artery bypass, 2 grafts	81,584,142	0.3
92982	Coronary artery dilation	79,143,509	0.3
93870	Carotid artery imaging	78,954,090	0.3
52000	Cystoscopy	78,573,001	0.3
76516	Echo exam of eye	78,046,636	0.3
49505	Repair inguinal hernia	77,935,361	0.3
90610	Extended consultation	75,745,850	0.3
93262	ECG monitoring, 12-24 hours	75,539,175	0.3
81000	Urinalysis, with microscopy	73,652,812	0.3
90517	Emergency care, new, extend.	73,080,446	0.3
A0220	Ambulance service, advanced life support	72,810,822	0.3
93015	Cardiovascular stress test	72,556,932	0.3
65855	Laser surgery of eye	71,588,065	0.2
99174	Critical care, follow-up	69,333,840	0.2

Medicare BMAD Leading Procedure Codes Based on Allowed Charges
Calendar Year 1987

Procedure Code	Description	Allowed Charges	Percent of Total Allowed Charges <u>1/</u>
33514	Coronary artery bypass, 5 grafts	68,601,173	0.2
V2632	Posterior chamber IOL	67,755,372	0.2
74160	Contrast CAT scan of abdomen	67,749,130	0.2
77405	Daily radiation therapy	66,246,773	0.2
93309	Echo exam of heart	66,117,218	0.2
M0945	Outpatient dialysis related physician services	66,005,984	0.2
92004	New eye exam & treatment	65,769,558	0.2
19240	Extensive breast surgery	63,023,138	0.2
B4150	Enteral formulae; category I	62,729,559	0.2
B4035	Enteral feeding supply kit; pump fed(monthly)	62,169,335	0.2
76700	Echo exam of abdomen	61,195,650	0.2
36415	Collection of venous blood	60,653,037	0.2
E0620	Seat lift chair, motorized	59,791,638	0.2
45380	Colonoscopy and biopsy	59,754,809	0.2
90843	Individual psychotherapy	58,463,939	0.2
93503	Right heart catheterization	56,976,582	0.2
47600	Removal of gallbladder	55,762,361	0.2
E0260	Hospital bed, with side rails semi electric	54,699,989	0.2
E0265	Hospital bed, total electric with side rails	54,534,652	0.2
E0255	Hospital bed, with side rails variable height	53,572,611	0.2
85022	Blood count, hemogram	52,662,619	0.2
35081	Repair defect of artery	52,006,781	0.2
90605	Intermediate consultation	50,758,630	0.2
78306	Nuclear scan of skeleton	50,330,728	0.2

1/ Allowed charges are shown as a percent of all physician and supplier allowed charges submitted to Part B carriers.

2/ Allowed charges were aggregated by procedure code and those over \$50 million were retained for analysis, a total of 98 procedure codes.

Note : Part B Medicare Annual Data (BMAD).

Source : HCFA/BDMS

May 1989

Medicare Persons Served/Trends

	Calendar Year							
	1967	1975	1980	1982	1983	1984	1985	1986 1/
Aged Persons Served per 1,000 Enrollees								
HI and/or SMI	367	528	638	641	660	686	722	727
HI	203	221	240	251	251	240	219	213
SMI	365	536	652	653	672	699	739	751
Disabled Persons Served per 1,000 Enrollees								
HI and/or SMI	---	450	594	608	629	639	669	681
HI	---	219	246	257	258	243	228	226
SMI	---	471	634	651	670	684	715	729

1/ Estimated based on July 1 enrollment. Rates may differ from estimates using risk-based enrollment.

Source: HCFA/ORCT/BDMS

May 1989

MEDICARE PERSONS SERVED/TYPE OF SERVICE - CY 1986

	Aged		Disabled	
	Persons Served ^{1/} (in thousands)	Served per 1,000 Enrollees	Persons Served ^{1/} (in thousands)	Served per 1,000 Enrollees
Hospital and/or Supplementary Medical Insurance	21,066	732	2,015	681
Hospital Insurance	6,018	213	669	226
Inpatient Hospital	5,697	202	645	218
Skilled Nursing Facility	294	10	10	3
Home Health Agency	1,469	52	102	35
Supplementary Medical Insurance	20,919	751	1,988	729
Physician and Other Medical	20,316	729	1,888	692
Outpatient	11,011	395	1,211	444
Home Health Agency	30	1	<u>2/</u>	--

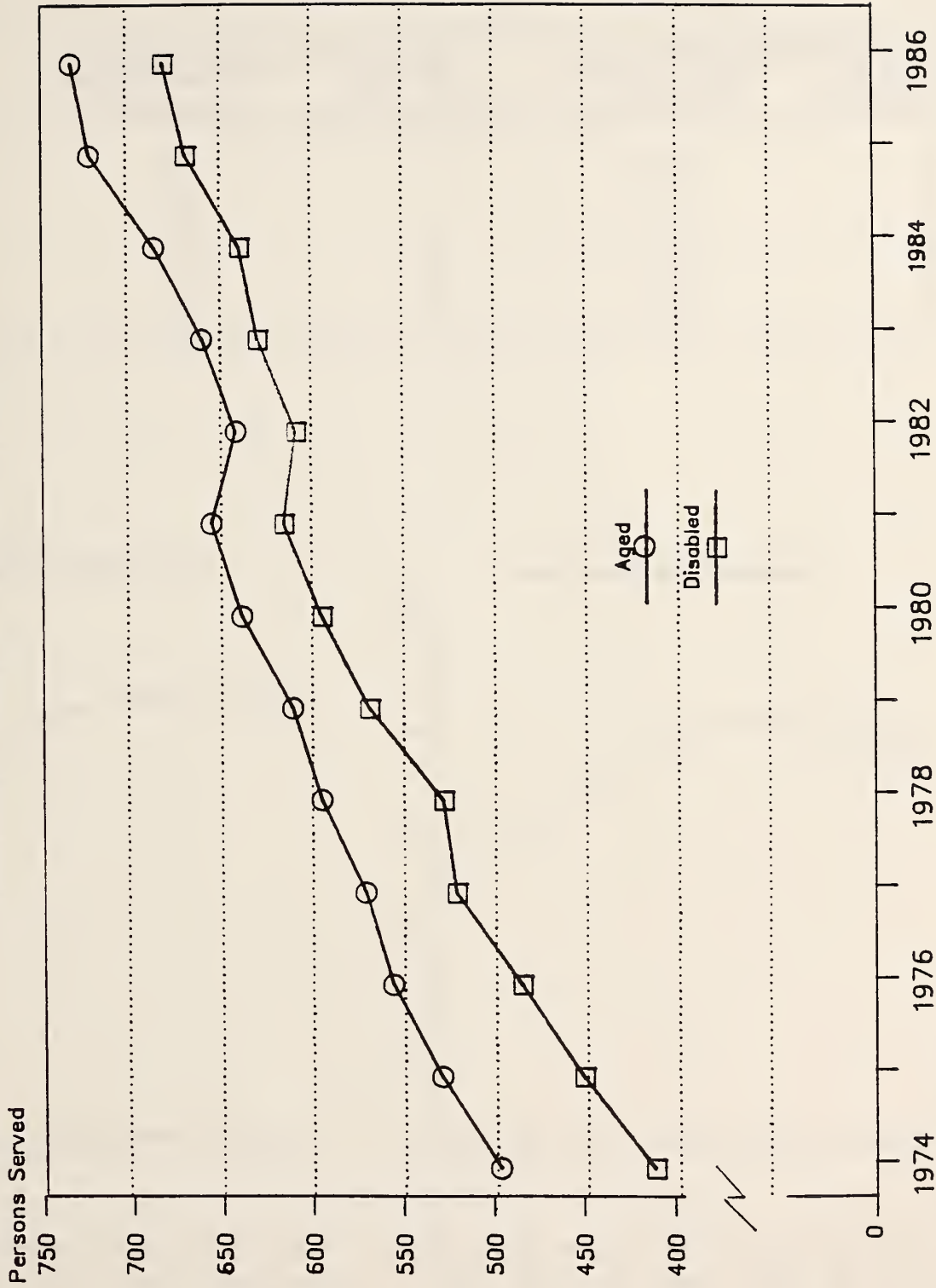
^{1/} Medicare enrollees who received a covered service for which: 1) Medicare Trust Fund payments were made and 2) bills were received and processed in HCFA central office.

^{2/} Less than 500.

Source: HCFA/BDMS

May 1989

Medicare – Persons Served per 1000 Enrollees HI and/or SMI Calendar Years 1974–1986



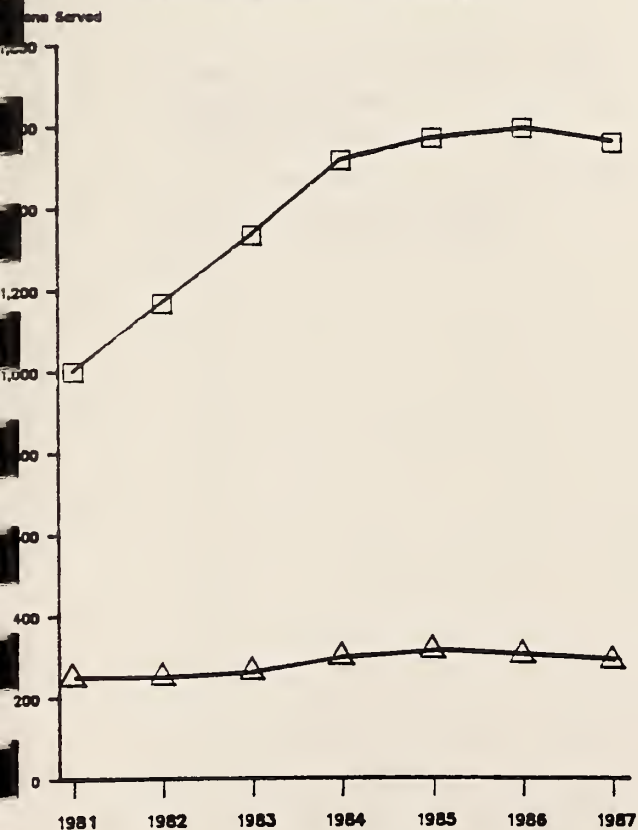
Source: HCFA/BDMS

May 1989

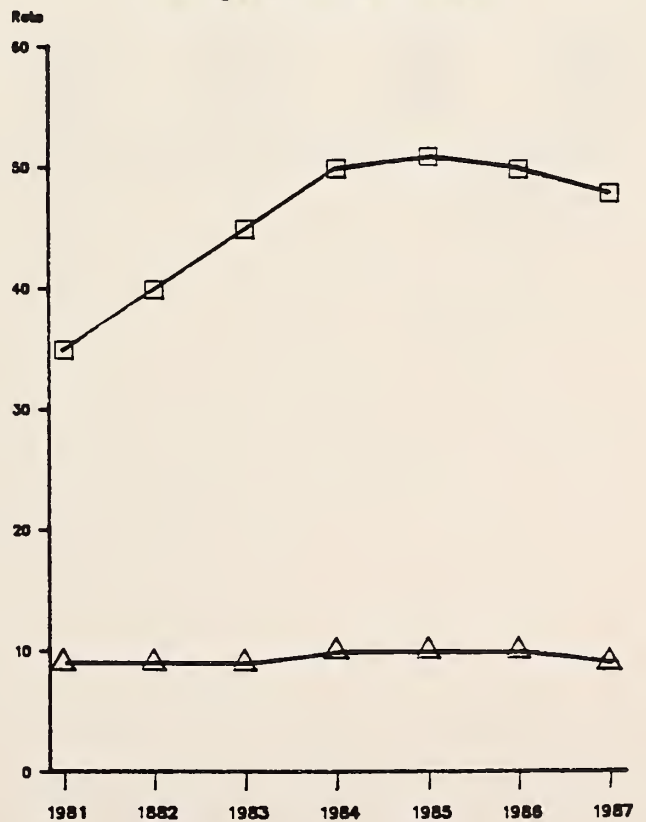
Medicare/Trends in Use of Selected Types of Long Term Care

Calendar Year	Skilled Nursing Facilities		Home Health Agencies	
	Persons Served (in thousands)	Rate Per 1,000 Enrollees	Persons Served (in thousands)	Rate Per 1,000 Enrollees
1981	251	9	1,005	35
1982	252	9	1,172	40
1983	264	9	1,338	45
1984	299	10	1,522	50
1985	315	10	1,576	51
1986	304	10	1,601	50
1987 (est.)	290	9	1,565	48

Persons Served in Thousands



Rate per 1,000 Enrollees



HHA —□—

SNF —△—

END STAGE RENAL DISEASE/CARE PROVIDED BY
MEDICARE APPROVED FACILITIES

	Calendar Year			
	1984	1985	1986	1987
Dialysis Patients	78,483	84,797	90,886	98,432
In-unit	63,245	68,394	73,800	80,149
Home	15,238	16,403	17,086	18,283
Transplant Patients	6,933	7,676	8,948	8,949
Transplant Procedures	6,968	7,695	8,976	8,967
Living Related Donor	1,704	1,876	1,887	1,907
Cadaveric Donor	5,264	5,819	7,089	7,060
Average Dialysis Payment Rate	\$129	\$129	\$127	\$127
Hospital Based	\$131	\$131	\$129	\$129
Independents	\$127	\$127	\$125	\$125

Source: HCFA/BERC/BDMS

May 1989

MEDICARE/ESRD PATIENTS BY TREATMENT SETTING - CY 1987

HCFA Region	Number of Patients			Percent Distribution		
	Total	In-Center	At Home	Total	In-Center	At Home
All Regions	98,432	80,149	18,283	100.0	81.4	18.6
Boston	4,383	3,573	810	100.0	81.5	18.5
New York	13,900	11,524	2,376	100.0	82.9	17.1
Philadelphia	12,004	9,902	2,102	100.0	82.5	17.5
Atlanta	19,859	16,176	3,683	100.0	81.5	18.5
Chicago	15,592	12,185	3,407	100.0	78.1	21.9
Dallas	11,239	9,492	1,747	100.0	84.5	15.5
Kansas City	3,813	2,614	1,199	100.0	68.6	31.4
Denver	1,780	1,286	494	100.0	72.2	27.8
San Francisco	13,532	11,875	1,657	100.0	87.8	12.2
Seattle	2,330	1,522	808	100.0	65.3	34.7

Source: HCFA/BDMS

May 1989

Medicaid/Type of Service

	Recipients (in thousands)	
	FY 1986	FY 1987
Total	22,515	23,183
Inpatient Services		
General Hospitals	3,544	3,783
Mental Hospitals	53	55
Skilled Nursing Facilities	571	574
ICF Services		
Mentally Retarded	145	149
All Other	828	842
Physician Services	14,894	15,325
Dental Services	5,161	5,121
Other Practitioner Services	3,451	3,592
Outpatient Hospital Services	10,702	10,967
Clinic Services	2,027	2,143
Laboratory & Radiological	7,123	7,492
Home Health Services	593	622
Prescribed Drugs	14,704	15,130
Family Planning Services	1,732	1,638
Early and Periodic Screening	2,145	2,230
Rural Health Clinics	108	129
Other Care	3,320	3,595

Medicaid/Units of Services - Fiscal Year 1987

	Units (in thousands)
General Hospital	
Total Discharges	3,460
Recipients Discharged	2,463
Total Days of Care	22,342
Skilled Nursing Facility	
Total Recipients	574
Total Days of Care	124,343
Intermediate Care Facility (excluding MR)	
Total Recipients	842
Total Days of Care	200,858
Home Health Visits	29,146
Physician Visits	81,486
Rural Health Clinic Visits	336
Drug Prescriptions	201,317

NOTE: The data for Discharges, Days of Care, Visits, and Drug Prescriptions are based on all states except Colorado, Kansas, Minnesota, Puerto Rico, New Jersey, Rhode Island, and Wyoming which didn't report in Fiscal Year 1987.

National/Community Hospital Utilization Trends

	Admissions (in millions)	Inpatient Days (in millions)	Average Stay (days)	Outpatient Visits (in millions)	Adjusted Expense Per Patient Day
1973	31.7	248	7.8	173	\$102
1974	32.9	255	7.8	189	114
1975	33.4	258	7.7	191	134
1976	34.0	261	7.7	201	153
1977	34.3	261	7.6	199	174
1978	34.5	262	7.6	202	194
1979	35.1	265	7.6	199	217
1980	36.1	273	7.6	202	245
1981	36.4	278	7.6	203	284
1982	36.4	278	7.6	248	327
1983	36.2	273	7.6	210	369
1984	35.2	257	7.3	212	411
1985	33.4	237	7.1	219	460
1986	32.4	229	7.1	232	501
1987	31.6	227	7.2	246	539
1988 ^{1/}	31.6	227	7.2	262	585

^{1/} Estimated

(12 month period ending September, 1988)

Source: American Hospital Association data for 1973-1987 are based on annual survey data as reflected in the American Hospital Association's Hospital Statistics, 1974-1988 Editions. Data for 1988 are partially estimated using AHA's Community Hospital Panel Survey.

May 1989

THE HISTORY OF THE

REIGN OF
HENRY THE FIRST
BY
JOHN GILBERT FROTHINGHAM

NEW YORK:

JOHN GILBERT FROTHINGHAM

1854

NEW YORK:

JOHN GILBERT FROTHINGHAM

VIII. PROVIDERS/SUPPLIERS

Information about institutions, agencies or professionals who provide health care services and furnish health care equipment or supplies. Medicare and Medicaid providers are combined in this section since Medicare providers are deemed certified for the Medicaid program. Additional information on providers of services are contained in STATE DATA (Section IX).

Current and trend data are shown by type of provider/supplier and program participation.

THEORY OF THE EARTH

The theory of the earth is a branch of geology which deals with the origin and development of the earth and its various parts. It is a science which seeks to explain the processes which have shaped the earth and its features. The theory of the earth is based on the study of the earth's structure and its history. It is a science which is constantly developing and changing as new discoveries are made and new theories are proposed.

MEDICARE INPATIENT HOSPITALS/TRENDS

	1975	1980	1985	1987	1988
Total Hospitals	6,773	6,777	6,707	6,734	6,687
Beds (thousands)	1,140	1,150	1,144	1,136	1,118
Beds per 1,000 Enrollees <u>1/</u>	51.7	46.7	42.5	40.6	39.1
Short-Stay	6,107	6,104	6,034	5,895	5,800
Beds (thousands)	902	991	1,027	1,008	991
Beds per 1,000 Enrollees <u>1/</u>	40.9	40.2	38.2	36.0	34.7
Psychiatric	385	408	474	561	604
Beds (thousands)	199	131	95	96	94
Beds per 1,000 Enrollees <u>1/</u>	9.0	5.3	3.5	3.4	3.3
Other Long-Stay	281	265	199	278	283
Beds (thousands)	40	28	22	33	33
Beds per 1,000 Enrollees <u>1/</u>	1.8	1.1	0.8	1.2	1.2

1/ Based on number of aged HI enrollees.

NOTES: Facility data as of July 1. Rates for 1988 based on July 1, 1987 enrollment. Facilities certified for Medicare are deemed to meet Medicaid standards.

Source: HCFA/BDMS

OTHER MEDICARE PROVIDERS AND SUPPLIERS/TRENDS

	1975	1980	1985	1987	1988
Skilled Nursing Facilities	5,295	5,052	6,451	7,262	7,507
Beds (thousands)	287	436	N/A	845	456
Home Health Agencies	2,242	2,924	5,679	5,887	5,688
Independent Laboratories	3,048	3,447	3,980	4,381	4,571
End Stage Renal Disease Facilities	--	999	1,393	1,644	1,755
Outpatient Physical Therapy	117	419	854	977	1,044
Portable X-Ray	132	216	308	374	409
Rural Health Clinics	--	391	428	451	450
Comprehensive Outpatient Rehabilitation Facilities	--	--	72	124	146
Ambulatory Surgical Centers	--	--	336	765	950
Hospices	--	--	164	390	522

N/A: Not Available

NOTE: Facility data as of July 1.

Source: HCFA/BDMS

May 1989

SELECTED MEDICARE FACILITIES/TYPE OF CONTROL

	Short- Stay Hospitals	Skilled Nursing Facilities	Home Health Agencies
All Facilities	5,800	7,507	5,688

Percent Distribution

Non-Profit	50.5	22.2	22.1
Proprietary	19.6	71.1	23.9
Government	29.9	6.7	53.9

(July 1987)

NOTE: Facilities certified for Medicare are deemed to meet Medicaid standards.

Source: HCFA/BDMS

MEDICARE PIP FACILITIES/TRENDS

	1975	1980	1984	1985	1986	1987	1988
Hospitals							
Number of PIP	1,524	2,276	3,201	3,242	3,381	1,531	1,474
Percent of Total Participating	22.5	33.8	48.0	48.3	50.3	22.8	22.1
Skilled Nursing Facilities							
Number of PIP	161	203	243	224	233	256	152
Percent of Total Participating	4.1	3.9	4.1	3.4	3.3	3.5	2.0
Home Health Agencies							
Number of PIP	86	481	785	931	1,094	1,129	1,109
Percent of Total Participating	3.8	16.0	16.6	16.0	18.4	19.3	19.6

(Data for 1983 and later as of September; prior years as of December.
Facilities receiving periodic interim payments (PIP) under Medicare.)

NOTE: Effective for claims received on or after July 1, 1987, the Omnibus Reconciliation Act of 1986 (P.L. 99-509) eliminates PIP for many inpatient hospital services in PPS hospitals except for those having a disproportionate share adjustment of at least 5.1 percent during FY 1987 and for rural hospitals with fewer than 100 beds where the servicing intermediary meets specified processing time standards.

Source: HCFA/BDMS and BPO

May 1989

MEDICARE ASSIGNED CLAIMS/TRENDS

<u>Fiscal Year</u>	<u>Net Assignment Rate</u>
1975	51.9
1976	51.0
1977	50.5
1978	50.6
1979	51.1
1980	51.4
1981	52.2
1982	52.8
1983	53.5
1984	56.4
1985	67.7
1986	68.0
1987	71.7
1988	76.3

Source: HCFA/BPO

May 1989

Medicare/Participating Physician and Supplier Program

Participation Status - April 1, 1988

37.3% Physicians*	248,289 Participating 665,425 Billing Medicare
20.3% Suppliers	22,935 Participating 112,985 Billing Medicare

Comparison to Prior Enrollments

	<u>April 1988</u>		<u>January 1987</u>	<u>May 1986</u>	<u>October 1985</u>
	<u>Number</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Physicians*	248,289	37.3	30.6	28.3	28.4
Suppliers	22,935	20.3	18.6	19.0	23.0
Total	271,797	34.8	29.1	27.1	27.7

*Includes M.D.s, D.O.s, and limited license practitioners.

The participating physician/supplier program was originally enacted as a part of the Deficit Reduction Act (DEFRA). Congress provided additional incentives through the Omnibus Budget Reconciliation Act (OBRA). HCFA wrote to physicians and suppliers to explain the benefits of participation beginning April 1, 1988.

NOTE: Participation counts reflect physicians who are participating in at least one practice setting. For example, a physician who is participating in his private practice but not in his group practice is counted as participating.

Source: HCFA/BPO

May 1989

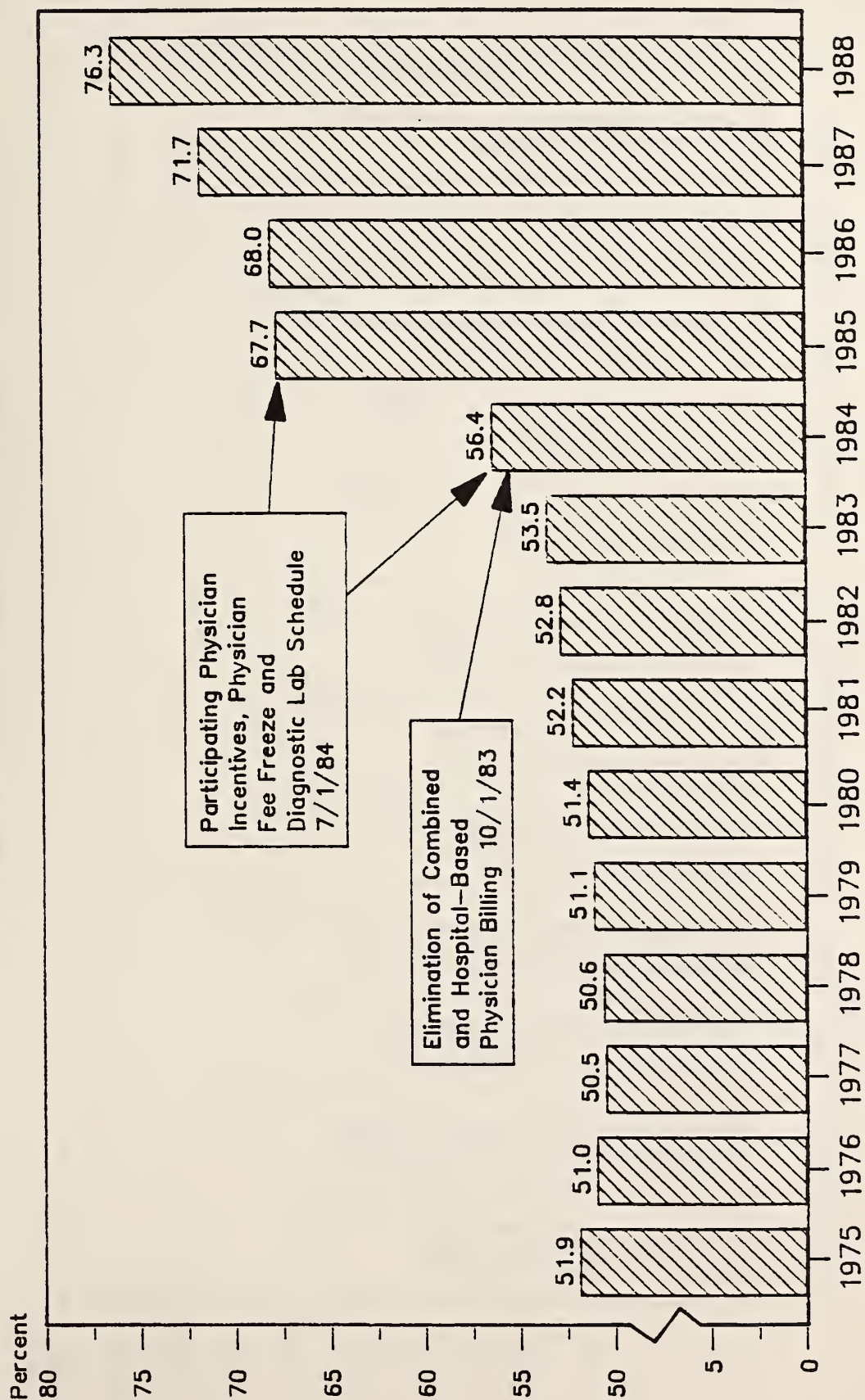
Medicare Participating Physicians and Suppliers,
as of April 1988

<u>Specialty</u>	<u>Participation Percentage</u>
Physicians (M.D.s and D.O.s)	
General Practice	32.3
General Surgery	48.5
Otology, Laryngology, Rhinology	36.9
Anesthesiology	25.0
Cardiovascular Disease	52.8
Dermatology	45.7
Family Practice	35.6
Internal Medicine	41.2
Neurology	44.1
Obstetrics - Gynecology	40.4
Ophthalmology	46.3
Orthopedic Surgery	44.0
Pathology	48.1
Psychiatry	34.4
Radiology	46.3
Urology	41.7
Nephrology	57.8
Clinic or Other Group Practice-Not GPPP	60.8
Other Physicians	24.0
Total Physicians	37.6
Limited License Practitioners (LLP)	
Chiropractor	22.9
Podiatry - Surgical Chiropody	44.6
Optometrist	50.5
Other Limited License Practitioners (Audiologist, psychologist, physical therapist)	33.8
Total Limited License Practitioners	35.6
Suppliers	
Independent Laboratory	42.0
Durable Medical Equipment Suppliers	19.2
Ambulance Service Suppliers	30.0
Other Suppliers	16.8
Total Suppliers	20.3

Source: HCFA/BPO

May 1989

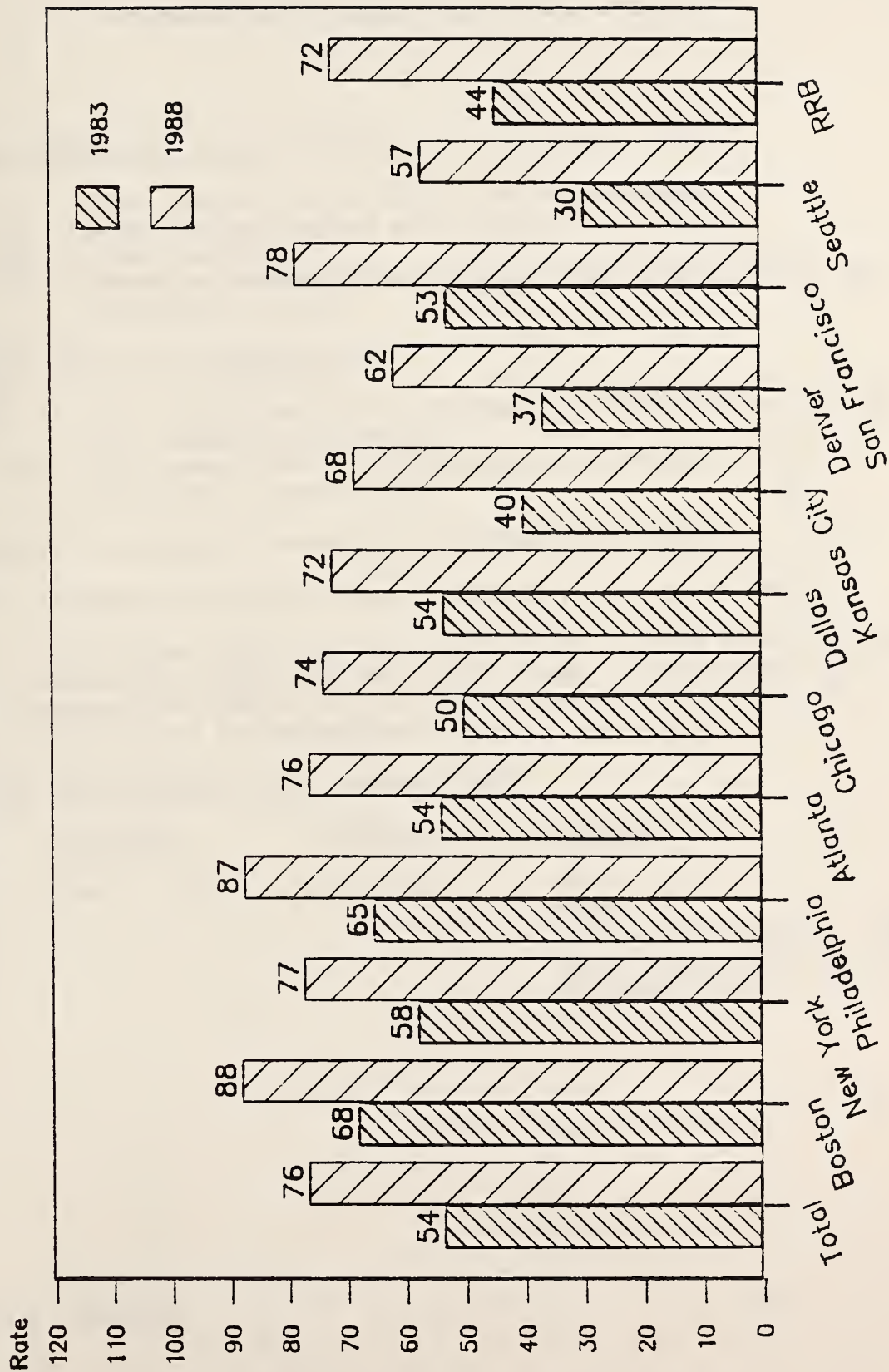
Medicare Physician/Supplier Net Assignment Rates Fiscal Years 1975-1988



Source: HCFA/BPO

May 1989

Medicare Assignment Rate by HCFA Region Fiscal Year 1983 vs 1988



May 1989

Source : HCFA/BPO

MEDICARE/PRIVATE HEALTH PLAN OPTION OPERATIONS

Current TEFRA Risk Contract Summary: (as of April 1, 1989)

-- 133 Signed contracts in 35 States (includes 37 CMPs)
-- \$273 Average monthly payment per enrollee
-- \$269 Average monthly ACR
-- \$290m Prospective payments made for April 1989; fiscal year to date
risk payment \$2,011m

Summary Data for All Prepaid Plans:

199 Total prepaid health plan contracts (includes cost, risk, old
risk, demonstrations, HCPPs)
\$353m Total payment made to all prepaid plans for April 1989;
fiscal year to date \$2,368m

o TEFRA risk enrollment reached 1,061,582 for April 1989.

Enrollment increased 0.6 percent from March to April 1989.

In 10 States, TEFRA risk enrollees account for more than 5% of the
Medicare population (Minnesota 22%, Oregon 13%, California 10%,
Colorado 10%, Hawaii 9%, Florida 9%, Nevada 8%, Washington 8%,
New Mexico 6% and Massachusetts 5%).

Federal Qualification (as of December 1988)

<u>Qualified</u>	<u>Eligible</u>	<u>Pending</u>
HMOs 548	CMPs 37	HMOs - 22
		CMPs - 1
		Service Area Expansion (HMO) - 12
		Service Area Expansion (CMP) - 0
		Regional Component (HMO) - 4

BENEFIT AND PREMIUM SUMMARY
TEFRA RISK HMOs AND CHPs
Cas of April 1, 1989

	<u>Routine physicals</u>	<u>Immunization</u>	<u>Health education</u>	<u>Outpatient drugs</u>	<u>Foot care</u>	<u>Eye exams</u>	<u>Lenses</u>	<u>Ear exams</u>	<u>Hearing aids</u>	<u>Dental</u>	<u>Outpatient mental health</u>
Number and percent of plans whose basic option package offers additional benefits in specified categories	109	101	82	39	15	74	23	42	12	17	31
	82%	76%	62%	29%	12%	56%	17%	32%	9%	13%	23%

Plans charging copayments for basic package: 118 yes (89%); 15 no (11%)

Plans offering high option package: 7 or 6%

Distribution of Basic Premiums

<u>Range</u>	<u>Number of plans</u>	<u>Percent</u>
\$0	13	10
\$0.01 - \$19.99	18	14
\$20.00 - \$40.00	54	40
above \$40.00	48	36

Average basic premium = \$31.34 Highest basic premium = \$74.69

Source: HCFA/OPHC

May 1989

MEDICARE/PRIVATE HEALTH PLAN OPTION OPERATIONS

ENROLLMENT AND PAYMENT SUMMARY
(as of April 1, 1989)

Medicare HMO/CMP Data

<u>Type of Contracts</u>	<u>Number of Contracts</u>	<u>Number of Enrollees</u>	<u>April 89 Payment (millions)</u>	<u>Payment Fiscal Year to Date (millions)*</u>
RISK	1/			
TEFRA	133	1,061,582	\$290.7	\$1,935.3
Old Risk	3	17,593	3.7	41.2
Demos	4	16,743	5.2	34.6
Subtotal	140	1,095,918	\$299.6	\$2,011.1
TEFRA COST	24	122,862	12.2	75.7
OTHER 2/	--	8,926	\$ 7	\$ 4.9
Subtotal HMO/CMP	164	1,227,706	312.5	\$2,091.7
PART B 3/ HCPP	35	551,023	40.8	276.8
TOTAL	199	1,778,729	\$353.3	\$2,368.5

1/ Includes 32 contracts which have been signed, but for which no payment has been made for April 1989.

2/ 8 plans with TEFRA risk contracts have enrollees still being paid under the cost methods.

3/ Includes enrollment from 13 HCPPs which have signed risk contracts but have HCPP enrollees remaining.

* Includes current month

Source: HCFA/OPHC

May 1989

RISK CONTRACTS

<u>DATE</u>	<u>NO. CONTRACTS</u>	<u>TOTAL ENROLLEES</u>	<u>MONTHLY PAYMENT in MILLIONS</u>
4/85	32	308,816	\$ 63.5
5/85	32	311,904	65.5
6/85	49	322,115	67.0
7/85	56	337,631	69.8
8/85	57	346,283	71.8
9/85	65	364,397	76.0
10/85	68	383,480	79.0
11/85	77	406,635	85.3
12/85	87	440,923	91.2
1/86	105	467,375	96.7
2/86	105	487,617	100.8
3/86	114	530,658	112.9
4/86	119	566,190	118.4
5/86	126	596,015	120.2
6/86	132	630,374	130.1
7/86	137	667,212	135.1
8/86	139	710,542	145.1
9/86	142	735,600	151.1
10/86	143	772,488	160.1
11/86	146	789,227	163.1
12/86	149	813,712	168.3
1/87	145	836,713	172.5
2/87	151	849,077	185.0
3/87	151	867,087	183.0
4/87	152	903,394	190.0
5/87	152	914,715	188.0
6/87	154	910,909	186.3
7/87	156	937,060	194.8
8/87	156	949,363	195.8
9/87	157	958,345	197.0
10/87	158	981,068	202.9
11/87	159	990,299	212.3
12/87	161	1,002,896	214.9
1/88	133	981,145	234.9
2/88	134	966,931	230.2
3/88	135	975,328	239.7
4/88	137	989,886	243.6
5/88	137	999,515	240.8
6/88	138	1,009,765	249.7
7/88	141	1,023,110	252.9
8/88	140	1,033,543	256.0
9/88	153	1,040,966	257.8
10/88	155	1,047,423	259.7
11/88	155	1,054,761	261.8
12/88	154	1,062,712	264.4
1/89	133	1,039,901	283.9
2/89	133	1,046,645	286.1
3/89	133	1,055,010	288.7
4/89	133	1,061,582	290.7

Source: HCFA/OPHC

May 1989

MEDICARE/PRIVATE HEALTH PLAN OPTION OPERATIONS

SUMMARY OF RISK CONTRACTS BY CATEGORY (as of April 1, 1989)

<u>Signed TEFRA Risk Contracts</u>	<u>Number of Contracts</u>	<u>Percent</u>	<u>Number of Enrollees</u>	<u>Percent</u>
<u>Model</u>				
IPA	78	58	486,596	46
Group	38	29	418,171	39
Staff	17	13	156,815	15
<u>Ownership</u>				
Profit	70	44	433,153	41
Nonprofit	63	56	628,429	59

Source: HCFA/OPHC

May 1989

MEDICARE/PRIVATE HEALTH PLAN OPTION OPERATIONS

MEDICARE PREPAID OPERATIONS

(Pre and Post-TEFRA Comparison)

	Pre-TEFRA (As of March 1985)		Post-TEFRA (As of April 1989)	
	Number of Plans	Number of Enrollees	Number of Plans	Number of Enrollees
TEFRA Risk	—	—	133	1,061,582
Old Risk	4	37,353	3	17,593
Cost Basis	65	116,608	24	131,788
DEMO	<u>39</u>	<u>310,023</u>	<u>4</u>	<u>16,743</u>
Total HMOs	108	463,984	164	1,227,706
HCPPs & GPPPs	<u>46</u>	<u>612,131</u>	<u>35</u>	<u>551,023</u>
Total Prepaid	154	1,076,115	199	1,778,729
		(3.6% of Total Medicare Beneficiaries)		(5.6% of Total Medicare Beneficiaries)

Source: HCFA/OPHC

May 1989

Medicare Enrollee Distribution by State as of April 1, 1989

State	July 1, 1987		Enrollees as percent of total population	TEFRA RISK enrollees April 1989	TEFRA RISK enrollees as percent of Medicare enrollees
	Total population in thousands	Medicare enrollees in thousands			
Total	246,986	32,138	13	1,061,582	3
Alabama	4,083	553	14	0	0
Alaska	525	20	4	0	0
Arizona	3,386	445	13	19,342	4
Arkansas	2,388	377	16	0	0
California	27,663	3,090	11	313,751	10
Colorado	3,296	324	10	32,669	10
Connecticut	3,211	451	14	5,656	1
Delaware	644	81	13	0	0
D. C.	622	79	13	0	0
Florida	12,023	2,135	18	195,425	9
Georgia	6,222	685	11	1,109	0
Hawaii	1,083	113	10	10,715	9
Idaho	998	123	12	0	0
Illinois	11,582	1,484	13	54,737	4
Indiana	5,531	725	13	7,207	1
Iowa	2,834	445	16	2,943	1
Kansas	2,476	352	14	6,048	2
Kentucky	3,727	510	14	819	0
Louisiana	4,461	504	11	0	0
Maine	1,187	175	15	0	0
Maryland	4,535	506	11	3,464	1
Massachusetts	5,855	844	14	41,987	5
Michigan	9,200	1,171	13	17,437	1
Minnesota	4,246	565	13	124,326	22
Mississippi	2,625	353	13	0	0
Missouri	5,103	754	15	606	0
Montana	809	110	14	0	0
Nebraska	1,594	232	15	3,752	2
Nevada	1,007	114	11	9,099	8
New Hampshire	1,057	130	12	0	0
New Jersey	7,672	1,056	14	5,019	0
New Mexico	1,500	162	11	9,407	6
New York	17,825	2,469	14	52,682	2
North Carolina	6,413	821	13	1,481	0
North Dakota	672	96	14	0	0
Ohio	10,784	1,467	14	8,089	1
Oklahoma	3,272	432	13	1,118	0
Oregon	2,724	394	14	53,045	13

Medicare Enrollee Distribution by State as of April 1, 1989

State	July 1, 1987		Enrollees as percent of total population	TEFRA RISK enrollees April 1989	TEFRA RISK enrollees as percent of Medicare enrollees
	Total population in thousands	Medicare enrollees in thousands			
Pennsylvania	11,936	1,879	16	16,348	1
Puerto Rico	3,292	407	12	0	0
Rhode Island	986	154	16	4,941	3
South Carolina	3,425	406	12	0	0
South Dakota	709	107	15	0	0
Tennessee	4,855	654	13	0	0
Texas	16,789	1,689	10	10,406	1
Utah	1,680	145	9	0	0
Vermont	548	71	13	0	0
Virgin Islands	106	7	7	0	0
Virginia	5,904	670	11	0	0
Washington	4,538	568	13	42,677	8
West Virginia	1,897	297	16	0	0
Wisconsin	4,807	685	14	5,277	1
Wyoming	490	47	10	0	0
Other outlying areas					
areas	189	5	3	0	0

NOTE: Resident population for July 1, 1987 is a provisional estimate.

Source: HCFA/OPHC, BDMS, and Bureau of the Census

May 1989

PHYSICIANS/TRENDS

Year	Type of Physician			Active Physicians per 10,000 Population
	Total	Doctors of Medicine (M.D.)	Doctors of Osteopathy (D.O.)	
1970	326,500	314,200	12,300	15.6
1971	337,400	325,000	12,400	15.9
1972	348,300	335,500	12,800	16.3
1973	355,700	342,500	13,200	16.4
1974	370,000	356,400	13,600	16.9
1975	384,500	370,400	14,100	17.4
1976	399,500	385,000	14,500	17.9
1977	405,900	390,800	15,100	18.0
1978	424,000	408,300	15,700	18.6
1979	440,400	424,000	16,400	19.1
1980	457,500	440,400	17,100	19.7
1981	466,700	448,700	18,000	19.9
1982	483,700	465,000	18,700	20.5
1983	501,200	481,500	19,700	21.1
1984	N/A	N/A	N/A	N/A
1985	534,800	512,900	21,900	22.0
1986	544,800	522,000	22,800	22.5
1987	557,800	533,800	24,100	22.9
Projected				
1990	597,000	569,200	27,800	23.9
2000	708,600	667,600	41,000	26.4
2010	788,700	735,300	53,400	27.8

(Data are based on reporting by physicians and medical schools.)

NOTES: The population includes U.S. residents in the 50 States, District of Columbia, and civilians in Puerto Rico, other U.S. outlying areas and the Armed Forces abroad. The number of M.D.'s differ from American Medical Association figures because a variant proportion of the physicians not classified by activity status and whose addresses are unknown are allocated into the totals.

Sources: HRSA/Bureau of Health Professions and Bureau of the Census

May 1989

PHYSICIANS/REGION

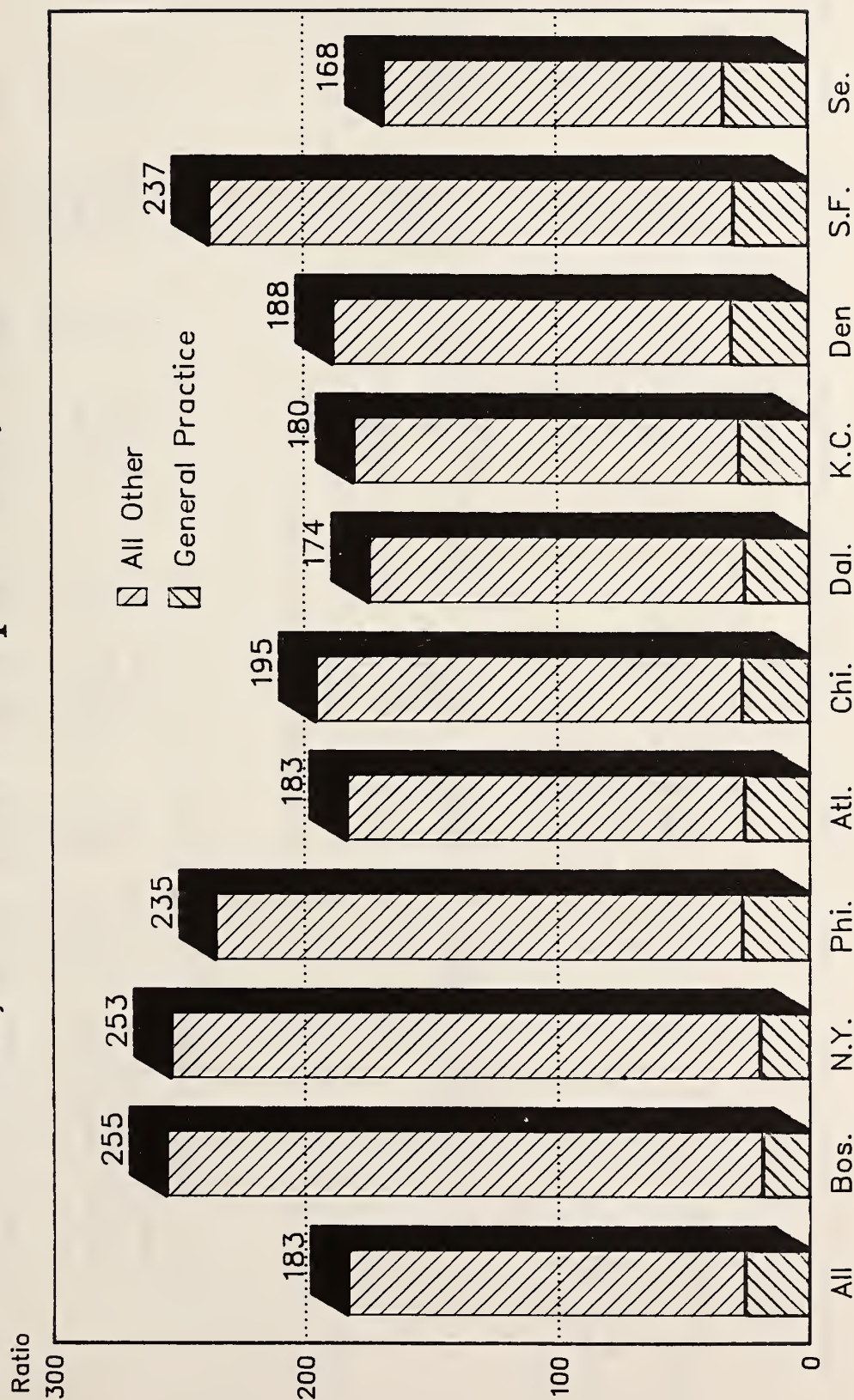
Ratio of Non-Federal Physicians
Involved in Patient Care
per 100,000 Civilian Population, 1986

<u>HCFA Region</u>	<u>Ratio</u>	<u>Index</u>
All Regions	183	1.00
Boston	236	1.29
New York	233	1.27
Philadelphia	207	1.13
Atlanta	157	0.86
Chicago	169	0.92
Dallas	148	0.81
Kansas City	152	0.83
Denver	157	0.86
San Francisco	207	1.13
Seattle	169	0.92

Source: American Medical Association

May 1989

Ratio of Non-Federal Physicians, Involved in Patient Care, per 100,000 Civilian Population, 1986



Source : American Medical Association / Bureau of the Census

May 1989

PHYSICIAN SPECIALTIES/TRENDS

	1970		1983		1985		1986	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Non-Federal Physicians								
Active in Patient Care	255,027	100.0	408,075	100.0	431,527	100.0	444,705	100.0
Medical Specialties	60,968	23.9	122,527	30.0	132,519	30.7	139,957	31.5
Surgical Specialties	75,991	29.8	114,376	28.0	118,955	27.6	120,705	27.1
Other Specialties	63,970	25.1	110,992	27.2	117,109	27.1	120,537	27.1
General Practice	54,098	21.2	60,180	14.7	62,944	14.6	63,506	14.3

Source: American Medical Association

PHYSICIAN INCOME AND EXPENSES/1987

	Mean Net Income* (thous.)	Mean Expenses						Medical Equipment	Other
		Total	Non- Physician Payroll	Professional					
				Office	Medical Supplies	Liability Expenses			
All Physicians	\$132.3	100.0	34.4	24.3	10.9	12.1	5.3	13.1	
Specialty									
General/Family Practice	91.5	100.0	35.1	24.8	14.2	7.3	5.9	12.6	
Internal Medicine	121.8	100.0	37.1	24.4	14.3	7.1	4.3	12.8	
Surgery	187.9	100.0	35.4	23.2	8.4	14.9	5.6	12.6	
Pediatrics	85.3	100.0	33.6	31.0	16.6	7.1	4.1	7.6	
Obstetrics/Gynecology	163.2	100.0	27.8	24.7	10.0	20.4	4.9	12.2	

* After expenses, before taxes.

Source: Socioeconomic Characteristics of Medical Practice, American Medical Association.

May 1989

PHYSICIAN INCOME AND EXPENSES/TRENDS

Year	Mean Net Income* (thous.)	Mean Expenses						
		Total	Non-Physician		Professional			
			Payroll	Office	Medical Supplies	Liability Expenses	Medical Equipment	Other
(Percent Distribution)								
1983	\$104.1	100.0	34.0	24.8	10.9	8.1	6.0	16.3
1984	108.4	100.0	33.2	26.0	11.4	8.9	5.9	14.7
1985	112.2	100.0	34.7	25.7	10.9	10.2	5.7	12.8
1986	119.5	100.0	32.8	24.1	11.1	10.8	5.9	15.3
1987	132.3	100.0	34.4	24.3	10.9	12.1	5.3	13.1

* After expenses, before taxes.

Source: Socioeconomic Characteristics of Medical Practice, American Medical Association.

May 1989

IX. STATE DATA

State distributions are included for Medicare and Medicaid expenditures, populations, utilization and providers. In addition, State distributions are included for national experience on utilization and providers of services.

MEDICAL ASSISTANCE PAYMENTS EXPENDITURES

	Fiscal Year 1986 (A)		Fiscal Year 1987 (A)		Fiscal Year 1988 (B)	
	Total Payments Computable For Federal funding	Net Adjusted Federal share	Total Payments Computable For Federal funding	Net Adjusted Federal share	Total Payments Computable For Federal funding	Net Adjusted Federal share
TOTAL	\$42,297,869	\$23,500,148	\$47,637,196	\$26,198,011	\$51,829,628	\$29,045,581
Alabama	427,319	309,625	412,047	308,984	466,829	342,752
Alaska	82,487	43,056	106,535	52,898	102,787	54,201
American Samoa	3,193	1,150	2,300	1,150	3,980	1,330
Arizona	101,654	66,435	157,816	93,280	183,119	117,211
Arkansas	404,594	299,024	406,997	301,734	428,188	318,001
California	4,756,242	2,382,253	5,137,982	2,578,194	5,634,567	2,823,234
Colorado	314,119	157,159	416,918	211,184	460,600	230,400
Connecticut	672,678	336,891	730,783	366,064	834,643	418,083
Delaware	80,811	40,946	92,817	46,243	100,927	52,997
Dist. of Col.	311,842	156,279	357,595	179,315	379,190	189,944
Florida	1,022,953	574,780	1,211,310	684,430	1,570,461	870,783
Georgia	820,638	542,180	939,143	618,402	1,136,134	726,586
Guam	3,096	1,548	3,837	1,830	3,835	1,918
Hawaii	140,149	71,879	158,546	81,367	159,714	86,106
Idaho	81,987	56,963	90,930	64,843	118,462	83,762
Illinois	1,736,538	873,721	1,781,200	896,983	1,915,010	963,995
Indiana	861,763	542,692	911,565	576,858	1,024,021	653,773
Iowa	377,670	223,284	420,431	256,532	477,120	300,248
Kansas	273,980	137,595	295,054	149,659	328,874	182,289
Kentucky	557,073	392,069	629,947	445,124	714,100	516,811
Louisiana	805,478	515,282	866,308	576,575	939,338	642,304
Maine	257,999	177,941	298,106	205,619	325,388	218,619
Maryland	709,052	356,851	814,220	409,395	931,267	468,458
Mass. DPW	1,644,926	823,830	1,802,558	914,736	2,020,167	1,011,547
Mass. BLIND	37,320	18,660	41,047	20,530	58,142	29,071
Michigan	1,774,473	1,015,047	1,926,263	1,094,411	2,126,264	1,200,914
Minnesota	1,029,665	551,360	1,105,734	592,223	1,183,380	640,401
Mississippi	337,440	264,176	387,722	304,269	443,926	353,891
Missouri	572,765	348,158	643,300	391,315	714,640	424,395
Montana	116,309	77,856	148,108	100,177	152,126	105,933
Nebraska	188,899	108,223	216,646	126,175	240,771	144,148

(dollars in thousands)

MEDICAL ASSISTANCE PAYMENTS EXPENDITURES

	Fiscal Year 1986 (A)		Fiscal Year 1987 (A)		Fiscal Year 1988 (B)	
	Total Payments Computable For Federal funding	Net Adjusted Federal share	Total Payments Computable For Federal funding	Net Adjusted Federal share	Total Payments Computable For Federal funding	Net Adjusted Federal share
(dollars in thousands)						
Nevada	79,394	40,032	88,439	44,301	96,587	48,822
New Hampshire	142,694	78,770	145,498	80,094	172,106	86,604
New Jersey	1,285,345	646,139	1,578,981	784,491	1,735,920	870,511
New Mexico	171,540	119,588	192,394	135,787	229,029	165,546
New York	8,292,137	4,157,284	9,211,523	4,499,161	9,668,055	4,844,632
North Carolina	756,405	524,551	827,918	573,309	965,734	664,487
North Dakota	118,369	65,160	165,148	94,184	159,504	105,858
N. Mariana Islands	989	495	909	455	926	464
Ohio	2,021,167	1,187,934	2,856,978	1,356,472	2,363,544	1,411,543
Oklahoma	479,605	277,078	535,413	322,477	593,235	377,747
Oregon	272,069	168,867	286,410	179,395	364,516	227,456
Pennsylvania	2,158,311	1,228,797	2,272,857	1,336,255	2,543,969	1,462,297
Puerto Rico	132,900	57,846	114,902	57,451	280,056	63,982
Rhode Island	271,486	153,127	297,144	167,213	333,756	183,248
South Carolina	400,590	291,344	440,746	318,857	472,300	347,530
South Dakota	103,386	71,301	116,488	80,348	125,984	90,066
Tennessee	730,439	513,394	840,105	595,995	1,003,877	709,441
Texas	1,551,578	833,475	1,928,995	1,042,234	2,017,215	1,152,794
Utah	184,709	134,273	189,626	138,945	197,972	146,205
Vermont	94,049	63,306	103,449	69,942	114,366	75,745
Virginia	612,261	326,237	687,501	365,965	776,332	399,381
Virgin Islands	4,150	1,806	3,612	1,806	4,394	2,111
Washington	653,774	329,407	795,561	425,677	932,412	498,705
West Virginia	211,843	151,642	269,158	195,422	314,147	235,163
Wisconsin	1,030,708	594,865	1,131,024	656,869	1,139,002	673,809
Wyoming	32,859	16,517	42,652	24,407	46,720	27,329

(A) Source: Line 11, Net Reported Expenditures, Form HCFA-64. Net Adjusted Federal Share includes HCFA adjustments.

(B) Source: Form HCFA-25, Medicaid Program Budget Report, State estimates submitted November 1988.

	July 1, 1987			July 1, 1987		
	Resident Population (in thousands)	Medicare Enrollees (in thousands)	Enrollees as Percent of Population	Resident Population (in thousands)	Medicare Enrollees (in thousands)	Enrollees as Percent of Population
All Areas	N/A	32,411 <u>1/</u>	--	5,103	754	14.8
United States, and Territories, and Possessions	246,987	32,156	13.0	809	110	13.7
United States	243,400	31,738 <u>2/</u>	13.0	1,594	232	14.5
Alabama	4,083	553	13.5	1,007	114	11.3
Alaska	525	20	3.9	1,057	130	12.3
Arizona	3,386	445	13.1			
Arkansas	2,388	377	15.8			
California	27,663	3,090	11.2			
Colorado	3,296	324	9.8			
Connecticut	3,211	451	14.0			
Delaware	644	81	12.6			
District of Columbia	622	79	12.7			
Florida	12,023	2,135	17.8			
Georgia	6,222	685	11.0			
Hawaii	1,083	113	10.4			
Idaho	998	123	12.4			
Illinois	11,582	1,484	12.8			
Indiana	5,531	725	13.1			
Iowa	2,834	445	15.7			
Kansas	2,476	352	14.2			
Kentucky	3,727	510	13.7			
Louisiana	4,461	504	11.3			
Maine	1,187	175	14.8			
Maryland	4,535	506	11.2			
Massachusetts	5,855	844	14.4			
Michigan	9,200	1,171	12.7			
Minnesota	4,246	565	13.3			
Mississippi	2,625	353	13.5			
Missouri				10,784	1,467	13.6
Montana				3,272	432	13.2
Nebraska				2,724	394	14.5
Nevada				11,936	1,879	15.7
New Hampshire				986	154	15.6
New Jersey						
New Mexico						
New York						
North Carolina						
North Dakota						
Ohio						
Oklahoma						
Oregon						
Pennsylvania						
Rhode Island						
South Carolina						
South Dakota						
Tennessee						
Texas						
Utah						
Vermont						
Virginia						
Washington						
West Virginia						
Wisconsin						
Wyoming						
Puerto Rico						
Virgin Islands						
Other Outlying Areas						

1/ Includes United States, Territories, Possessions, and residents of foreign countries.

2/ Includes enrollees with unknown State of residence.

3/ Excludes Freely Associated States.

NOTE: Resident population for July 1, 1987 is a provisional estimate.

Source: HCFA/BDMS and Bureau of the Census

May 1989

MEDICAID RECIPIENTS/STATE

	July 1, 1987 Resident Population (in thousands)	FY 1987 Medicaid Recipients (in thousands)	Recipients as Percent of Population	July 1, 1987 Resident Population (in thousands)	FY 1987 Medicaid Recipients (in thousands)	Recipients as Percent of Population
All Reporting Medicaid Jurisdictions						
United States	243,412	23,183	9.5	5,103	369	7.2
Alabama	4,083	289	7.1	7,672	661	8.6
Alaska	525	28	5.3	1,500	97	6.5
Arizona 1/	3,386	--	--	17,825	2,308	12.9
Arkansas	2,388	212	8.9	6,413	386	6.0
California	27,663	3,689	13.3	672	42	6.3
Colorado	3,296	189	5.7	10,784	1,132	10.5
Connecticut	3,211	217	6.8	3,272	250	7.7
Delaware	644	37	5.8	2,724	168	6.2
District of Columbia	622	97	15.5	11,936	1,102	9.2
Florida	12,023	640	5.3	986	102	10.3
Georgia	6,222	506	8.1	3,425	267	7.8
Hawaii	1,083	88	8.1	709	40	5.6
Idaho	998	40	4.0	4,855	443	9.1
Illinois	11,582	1,042	9.0	16,789	986	5.9
Indiana	5,531	301	5.4	1,680	82	4.9
Iowa	2,834	232	8.2	548	50	9.1
Kansas	2,476	144	5.8	5,904	318	5.4
Kentucky	3,727	411	11.0	4,538	392	8.6
Louisiana	4,461	464	10.4	1,897	215	11.3
Maine	1,187	123	10.4	4,807	411	8.5
Maryland	4,535	312	6.9	490	27	5.5
Massachusetts	5,855	541	9.2	3,292	1,683	51.1
Michigan	9,200	1,125	12.2	106	14	13.3
Minnesota	4,246	337	7.9			
Mississippi	2,625	342	13.0			
Missouri						
Montana						
Nebraska						
Nevada						
New Hampshire						
New Jersey						
New Mexico						
New York						
North Carolina						
North Dakota						
Ohio						
Oklahoma						
Oregon						
Pennsylvania						
Rhode Island						
South Carolina						
South Dakota						
Tennessee						
Texas						
Utah						
Vermont						
Virginia						
Washington						
West Virginia						
Wisconsin						
Wyoming						
Puerto Rico						
Virgin Islands						

1/ Arizona operates a medical assistance program under a Section 1115 Demonstration project.

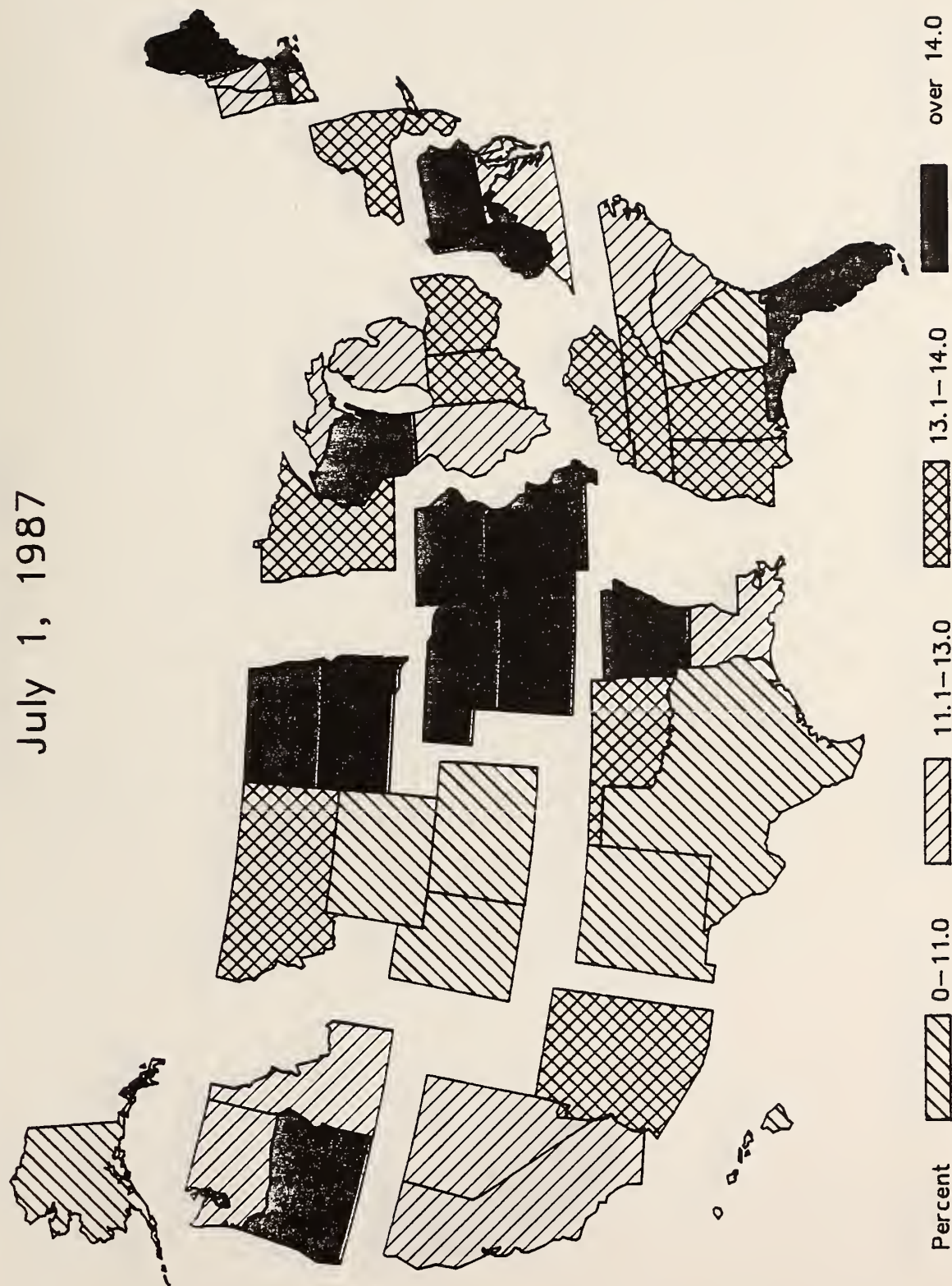
NOTE: Resident population for July 1, 1987 is a provisional estimate.

Source: HCFA/BDMS and Bureau of the Census

May 1989

Medicare Enrollment as Percent of Population

July 1, 1987

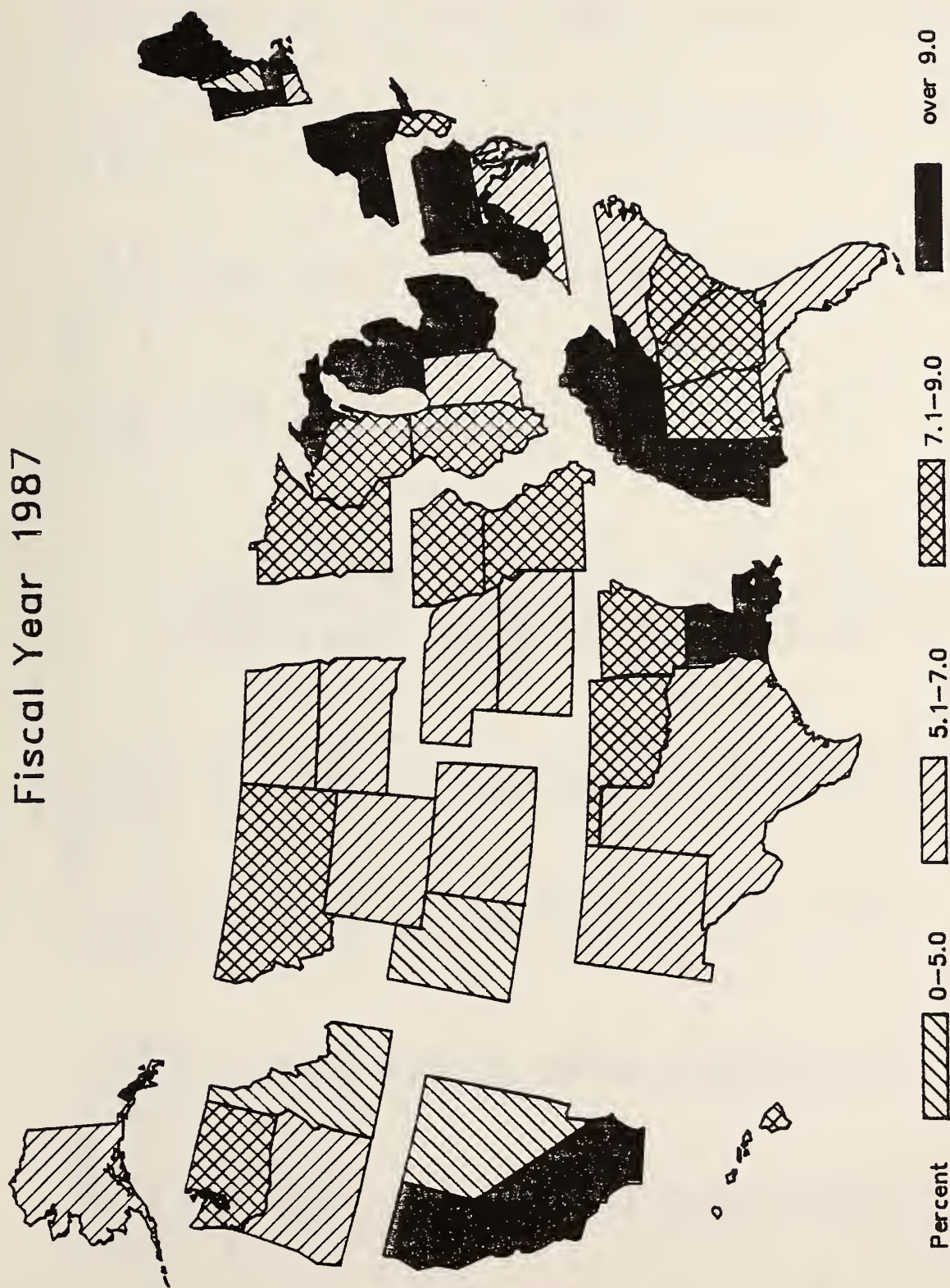


Source : HCFA/BDMS and Bureau of the Census

May 1989

Medicaid Recipients as Percent of Population

Fiscal Year 1987



Source : HCFA/BDMS and Bureau of the Census

May 1989

MEDICARE PERSONS SERVED/STATE, CY 1986

Area of Residence	Aged			Disabled			Aged			Disabled		
	Persons Served (thous.)	Served per 1,000 Enrollees	Persons Served (thous.)	Persons Served (thous.)	Served per 1,000 Enrollees	Persons Served (thous.)	Persons Served (thous.)	Served per 1,000 Enrollees	Persons Served (thous.)	Persons Served (thous.)	Served per 1,000 Enrollees	Persons Served (thous.)
All Areas	21,066	732	2,015	681			Missouri	496	732	47	686	
United States	20,928	741	1,989	697			Montana	69	699	6	638	
Alabama	370	775	46	699			Nebraska	143	664	9	646	
Alaska	12	692	1	594			Nevada	62	642	6	627	
Arizona	288	740	24	661			New Hampshire	88	753	7	681	
Arkansas	243	739	28	648			New Jersey	727	762	63	738	
California	2,017	735	201	748			New Mexico	95	678	10	612	
Colorado	206	719	17	656			New York	1,724	775	163	741	
Connecticut	318	772	23	734			North Carolina	521	739	63	678	
Delaware	57	798	6	708			North Dakota	68	767	4	715	
District of Columbia	55	763	5	694			Ohio	976	753	98	683	
Florida	1,455	758	101	685			Oklahoma	280	715	22	634	
Georgia	436	750	64	730			Oregon	249	703	20	674	
Hawaii	70	703	6	686			Pennsylvania	1,333	787	115	735	
Idaho	84	752	6	640			Rhode Island	114	824	10	714	
Illinois	942	701	81	689			South Carolina	237	698	34	656	
Indiana	454	707	44	646			South Dakota	70	718	4	626	
Iowa	302	736	21	679			Tennessee	401	709	53	698	
Kansas	246	759	16	709			Texas	1,079	715	86	646	
Kentucky	310	711	40	616			Utah	95	727	6	667	
Louisiana	302	698	38	616			Vermont	49	774	5	733	
Maine	123	791	12	735			Virginia	434	747	51	711	
Maryland	347	770	31	725			Washington	370	732	31	691	
Massachusetts	587	762	46	706			West Virginia	181	718	26	637	
Michigan	834	811	93	762			Wisconsin	465	751	40	731	
Minnesota	297	571	25	665			Wyoming	30	692	2	628	
Mississippi	218	725	32	665			Puerto Rico	127	414	24	264	
							Other outlying areas	3	353	1/	339	
							Foreign Countries	7	29	1	58	

1/ Less than 500.

NOTE: Preliminary data.

Source: HCFA/BDMS

May 1989

NATIONAL/COMMUNITY HOSPITAL CARE BY STATE

	Admissions (in thousands)	Average Stay (days)	Occupancy Rate	Outpatient Visits (in thousands)	Admissions (in thousands)	Average Stay (days)	Occupancy Rate	Outpatient Visits (in thousands)
United States	31,601	7.2	64.9	245,524				
Alabama	595	7.0	59.1	3,707	Missouri	7.5	63.0	4,877
Alaska	40	5.7	52.3	292	Montana	9.4	60.6	667
Arizona	388	5.9	62.1	2,830	Nebraska	9.6	55.4	1,520
Arkansas	343	6.6	58.3	1,718	Nevada	6.0	52.3	730
California	3,005	6.4	64.2	25,085	New Hampshire	6.4	65.3	1,265
Colorado	340	6.9	60.1	3,543	New Jersey	7.5	76.9	7,168
Connecticut	368	7.3	75.6	3,441	New Mexico	5.7	58.8	1,474
Delaware	79	6.9	75.0	777	New York	9.2	82.8	24,530
District of Columbia	171	7.8	77.5	1,273	North Carolina	7.2	68.9	4,740
Florida	1,601	7.0	61.5	9,131	North Dakota	10.1	61.5	460
Georgia	909	6.9	65.6	5,862	Ohio	6.9	64.0	14,276
Hawaii	96	7.9	79.6	587	Oklahoma	6.7	57.2	1,831
Idaho	98	6.5	56.3	923	Oregon	5.3	55.6	2,725
Illinois	1,575	7.4	63.1	13,774	Pennsylvania	7.5	70.3	16,319
Indiana	726	6.5	57.8	6,411	Rhode Island	8.0	79.5	925
Iowa	388	8.2	59.1	3,642	South Carolina	7.0	67.5	2,588
Kansas	315	7.8	55.2	2,535	South Dakota	9.2	57.5	518
Kentucky	567	6.4	60.7	3,635	Tennessee	7.0	64.0	3,894
Louisiana	634	6.3	56.0	4,393	Texas	6.2	55.6	10,446
Maine	148	7.9	68.5	1,597	Utah	5.4	57.6	1,789
Maryland	539	7.1	76.0	3,961	Vermont	7.4	65.8	507
Massachusetts	793	7.7	70.4	8,974	Virginia	7.1	67.2	4,603
Michigan	1,148	7.3	64.8	12,349	Washington	5.7	58.8	4,011
Minnesota	528	9.0	63.2	3,542	West Virginia	6.8	59.7	2,386
Mississippi	403	6.8	57.7	1,671	Wisconsin	7.5	60.5	5,198
					Wyoming	7.1	51.2	427

Source: 1987 Annual survey data as reported in American Hospital Association's Hospital Statistics, 1988 Edition.

May 1989

MEDICARE/INPATIENT HOSPITALS BY STATE, 1988

	Short- Stay Hospitals	Beds per 1,000 Enrollees	Long- Stay Facilities	Beds per 1,000 Enrollees	Short- Stay Hospitals	Beds per 1,000 Enrollees	Long- Stay Facilities	Beds per 1,000 Enrollees
All Areas	5,800	34.7	887	4.4	Missouri	143	25	39.0
United States	5,740	34.7	884	4.5	Montana	61	3	33.4
					Nebraska	100	8	37.2
Alabama	123	42.8	12	2.5	Nevada	27	4	33.3
Alaska	22	81.2	2	14.4	New Hampshire	28	5	27.4
Arizona	73	28.5	14	2.4	New Jersey	99	23	31.4
Arkansas	89	33.2	13	3.1	New Mexico	47	13	32.9
California	474	32.7	69	2.6	New York	269	47	31.8
					North Carolina	131	23	33.9
Colorado	80	35.8	15	8.3	North Dakota	55	2	46.9
Connecticut	36	27.6	16	8.6	Ohio	191	31	39.4
Delaware	7	29.9	3	2.5	Oklahoma	131	16	39.3
District of Columbia	11	66.6	4	16.3	Oregon	72	6	25.2
Florida	225	28.1	51	2.0	Pennsylvania	231	55	25.3
					Rhode Island	14	5	25.0
Georgia	169	44.8	27	5.6	South Carolina	73	11	36.5
Hawaii	20	21.4	3	2.1	South Dakota	61	2	38.6
Idaho	45	25.3	9	3.3	Tennessee	142	17	47.3
Illinois	231	40.4	20	1.6	Texas	443	70	40.0
Indiana	119	38.6	27	2.8	Utah	42	11	33.5
					Vermont	16	1	32.3
Iowa	130	34.5	4	2.0	Virginia	101	25	37.1
Kansas	142	39.3	11	3.3	Washington	102	10	26.7
Kentucky	105	38.7	16	4.9	West Virginia	64	5	42.0
Louisiana	147	51.6	27	8.0	Wisconsin	141	22	33.6
Maine	44	28.6	3	0.9	Wyoming	27	4	40.6
Maryland	56	31.5	19	9.5				
Massachusetts	110	32.2	46	10.5	Puerto Rico	56	3	31.7
Michigan	189	33.8	13	1.6	Other outlying areas	4	0	80.8
Minnesota	168	38.0	9	4.0				
Mississippi	114	44.8	7	1.5				

(July 1988; Aged enrollment as of July 1, 1987)

Source: HCFA/BDMS

May 1989

Facilities		Beds	Facilities		Beds
All Areas	7,507	456,337	Missouri	160	4,793
United States	7,501	456,062	Montana	78	2,489
Alabama	195	10,794	Nebraska	31	1,258
Alaska	6	188	Nevada	23	1,897
Arizona	87	1,506	New Hampshire	17	347
Arkansas	35	890	New Jersey	181	15,220
California	1,043	68,360	New Mexico	18	433
Colorado	102	2,852	New York	566	77,204
Connecticut	184	18,799	North Carolina	204	10,358
Delaware	26	1,852	North Dakota	59	3,583
District of Columbia	8	441	Ohio	450	38,168
Florida	395	18,530	Oklahoma	21	356
Georgia	95	6,039	Oregon	68	1,241
Hawaii	26	1,758	Pennsylvania	537	28,756
Idaho	65	2,795	Rhode Island	67	2,028
Illinois	322	7,335	South Carolina	110	8,301
Indiana	221	8,462	South Dakota	11	213
Iowa	46	1,017	Tennessee	103	4,961
Kansas	60	1,336	Texas	274	9,484
Kentucky	100	3,722	Utah	54	838
Louisiana	58	4,740	Vermont	17	578
Maine	19	474	Virginia	89	2,267
Maryland	117	10,884	Washington	130	2,391
Massachusetts	139	7,279	West Virginia	46	3,475
Michigan	301	22,930	Wisconsin	152	5,641
Minnesota	362	25,898	Wyoming	12	294
Mississippi	11	607	U.S. Territories and Possessions	6	275

(July 1988)

Source: HCFA/BDMS

May 1989

SNFs CERTIFIED FOR MEDICAID ONLY AND OTHER MEDICAID LONG TERM CARE FACILITIES/STATE, 1988

	Title 19 Only SNFs	Intermediate Care Facilities	Institutions for Mentally Retarded	Title 19 Only SNFs	Intermediate Care Facilities	Institutions for Mentally Retarded
United States	1,962	5,500	4,329			
Alabama	2	14	8	Missouri	123	33
Alaska	4	4	6	Montana	9	3
Arizona	--	--	--	Nebraska	23	4
Arkansas	131	80	9	Nevada	--	3
California	157	39	263	New Hampshire	--	16
Colorado	60	27	9	New Jersey	94	11
Connecticut	19	30	121	New Mexico	--	23
Delaware	3	8	9	New York	2	830
District of Columbia	--	6	56	North Carolina	--	81
Florida	89	4	69	North Dakota	--	67
Georgia	195	31	11	Ohio	2	229
Hawaii	1	9	18	Oklahoma	1	25
Idaho	--	1	23	Oregon	3	7
Illinois	184	241	148	Pennsylvania	50	148
Indiana	12	307	347	Rhode Island	--	119
Iowa	2	411	21	South Carolina	3	100
Kansas	28	308	28	South Dakota	54	19
Kentucky	--	130	9	Tennessee	--	9
Louisiana	--	247	211	Texas	2	274
Maine	1	125	43	Utah	--	14
Maryland	--	82	9	Vermont	3	12
Massachusetts	189	196	58	Virginia	--	19
Michigan	9	130	371	Washington	129	41
Minnesota	3	96	340	West Virginia	--	18
Mississippi	127	19	12	Wisconsin	237	25
				Wyoming	11	--

(July 1988)

Source: HCFA/BDMS

Ma

COMMUNITY HOSPITALS/STATE

	Beds per 1,000			Beds per 1,000		
	Hospitals	Beds	Resident Population	Hospitals	Beds	Resident Population
United States	5,611	958,312	3.9	Missouri	137	24,885
Alabama	125	19,341	4.7	Montana	58	4,514
Alaska	16	1,187	2.3	Nebraska	95	9,328
Arizona	62	10,153	3.0	Nevada	22	3,454
Arkansas	89	10,746	4.5	New Hampshire	27	3,295
California	466	82,675	3.0	New Jersey	94	28,956
Colorado	79	10,608	3.2	New Mexico	39	4,183
Connecticut	37	9,734	3.0	New York	251	75,333
Delaware	8	2,003	3.1	North Carolina	129	21,617
District of Columbia	12	4,716	7.6	North Dakota	51	4,810
Florida	227	50,278	4.2	Ohio	195	46,609
Georgia	166	26,176	4.2	Oklahoma	116	12,871
Hawaii	18	2,594	2.4	Oregon	71	8,075
Idaho	44	3,186	3.2	Pennsylvania	241	53,108
Illinois	223	50,460	4.4	Rhode Island	14	3,406
Indiana	116	22,469	4.1	South Carolina	71	11,422
Iowa	126	14,713	5.2	South Dakota	56	4,465
Kansas	142	12,146	4.9	Tennessee	140	24,415
Kentucky	107	16,300	4.4	Texas	461	61,530
Louisiana	144	19,419	4.4	Utah	41	4,535
Maine	41	4,692	4.0	Vermont	16	1,838
Maryland	54	13,883	3.1	Virginia	98	20,442
Massachusetts	108	23,729	4.1	Washington	101	12,934
Michigan	184	35,498	3.9	West Virginia	62	9,186
Minnesota	160	20,584	4.8	Wisconsin	134	20,543
Mississippi	109	13,087	5.0	Wyoming	28	2,181

Source: 1987 Annual survey data as reported in American Hospital Association's Hospital Statistics, 1988 Edition.

Medicare Part B Participating Physicians/LLPs 1/ and Suppliers by State

State	October 1985 Percent	May 1986 Percent	January 1987 Percent	April 1988 Percent
Alabama	50.1	54.9	59.5	63.9
Physicians/LLPs	58.2	63.0	68.8	73.5
Suppliers	32.2	24.8	25.8	30.1
Alaska	11.7	20.8	25.1	34.7
Physicians/LLPs	10.4	22.6	27.1	37.5
Suppliers	18.1	7.3	9.1	11.7
Arizona	16.1	18.0	27.0	36.7
Physicians/LLPs	15.4	18.5	28.1	38.7
Suppliers	22.7	13.7	15.2	18.2
Arkansas	41.4	33.3	39.5	47.1
Physicians/LLPs	45.2	34.7	42.0	50.9
Suppliers	26.0	26.4	27.0	28.3
California	29.4	38.0	37.5	46.1
Physicians/LLPs	30.0	39.7	38.9	48.5
Suppliers	24.5	25.0	20.7	27.2
Colorado	29.9	24.8	19.5	23.5
Physicians/LLPs	28.1	24.4	19.5	24.9
Suppliers	38.1	26.8	19.2	15.6
Connecticut	22.9	19.7	17.8	23.0
Physicians/LLPs	22.2	19.2	17.4	22.8
Suppliers	27.1	24.1	21.3	25.2
Delaware	22.6	26.2	27.4	33.8
Physicians/LLPs	23.9	29.7	31.2	37.4
Suppliers	13.6	8.8	9.0	14.6
District of Columbia	29.0	24.7	26.4	31.8
Physicians/LLPs	30.5	26.0	28.0	33.5
Suppliers	17.2	12.8	12.0	14.9
Florida	24.0	20.3	21.1	25.4
Physicians/LLPs	25.7	22.6	24.9	30.6
Suppliers	16.5	13.6	9.6	10.9
Georgia	32.2	28.3	26.7	32.8
Physicians/LLPs	33.1	27.9	25.8	32.5
Suppliers	24.6	30.4	32.0	34.3
Hawaii	20.7	39.0	44.6	50.8
Physicians/LLPs	20.6	41.7	47.8	53.7
Suppliers	24.5	11.4	10.2	15.7

Medicare Part B Participating Physicians/LLPs 1/ and Suppliers by State

State	October 1985 Percent	May 1986 Percent	January 1987 Percent	April 1988 Percent
Idaho	11.5	10.5	8.8	14.0
Physicians/LLPs	11.0	10.3	10.4	14.9
Suppliers	14.8	11.4	2.0	10.4
Illinois	21.8	20.7	25.1	33.8
Physicians/LLPs	23.1	21.8	26.7	36.4
Suppliers	12.2	13.7	15.1	16.8
Indiana	15.8	19.5	24.9	33.7
Physicians/LLPs	18.2	21.4	26.9	36.8
Suppliers	9.1	10.0	14.6	17.8
Iowa	29.4	35.8	24.7	42.4
Physicians/LLPs	29.7	38.2	25.1	43.7
Suppliers	28.7	27.4	23.5	36.8
Kansas	42.5	37.5	47.9	53.3
Physicians/LLPs	45.4	39.5	51.4	60.0
Suppliers	29.4	21.8	26.6	25.8
Kentucky	24.2	25.5	32.9	39.5
Physicians/LLPs	24.3	28.0	34.2	46.4
Suppliers	23.1	16.2	24.8	13.6
Louisiana	17.7	13.8	18.2	29.3
Physicians/LLPs	18.8	13.4	18.1	29.5
Suppliers	12.0	16.5	19.6	27.3
Maine	33.1	27.1	32.6	39.5
Physicians/LLPs	35.4	28.5	34.2	42.4
Suppliers	27.7	20.3	25.1	26.7
Maryland	30.5	28.0	28.8	36.6
Physicians/LLPs	30.4	28.5	30.1	38.5
Suppliers	30.7	24.9	20.1	22.8
Massachusetts	47.2	42.1	41.9	43.4
Physicians/LLPs	48.1	43.0	43.8	45.9
Suppliers	43.6	36.5	29.4	27.0
Michigan	42.3	35.3	31.1	36.5
Physicians/LLPs	44.0	37.1	32.7	38.3
Suppliers	26.8	22.6	19.7	23.3
Minnesota	19.2	19.9	21.5	23.9
Physicians/LLPs	18.5	20.7	22.4	25.4
Suppliers	24.3	15.7	16.8	16.0

Medicare Part B Participating Physicians/LLPs 1/ and Suppliers by State

State	October 1985 Percent	May 1986 Percent	January 1987 Percent	April 1988 Percent
Mississippi	21.2	20.8	21.4	28.5
Physicians/LLPs	19.1	22.8	23.6	30.1
Suppliers	30.0	14.8	14.4	23.8
Missouri	32.7	23.1	23.6	27.9
Physicians/LLPs	35.2	24.0	24.5	29.5
Suppliers	17.7	16.0	14.9	16.0
Montana	22.1	13.2	15.5	17.5
Physicians/LLPs	24.3	13.9	17.0	19.9
Suppliers	17.0	11.2	11.3	10.8
Nebraska	21.3	22.1	24.5	40.6
Physicians/LLPs	20.0	23.8	25.7	48.2
Suppliers	24.2	19.3	22.0	23.8
Nevada	20.4	25.4	32.0	43.6
Physicians/LLPs	21.7	26.8	33.5	46.0
Suppliers	11.9	11.7	15.7	20.2
New Hampshire	29.5	26.7	25.4	27.7
Physicians/LLPs	26.9	27.2	25.9	28.4
Suppliers	39.2	24.0	23.0	24.1
New Jersey	18.2	20.2	22.1	27.1
Physicians/LLPs	18.0	20.6	22.7	28.2
Suppliers	19.0	18.5	18.9	21.6
New Mexico	18.4	14.3	20.9	23.7
Physicians/LLPs	17.7	13.8	20.8	25.9
Suppliers	21.9	18.2	21.4	14.0
New York	21.6	20.3	24.5	28.1
Physicians/LLPs	20.8	19.9	24.1	28.4
Suppliers	27.4	23.9	28.4	25.0
North Carolina	36.9	31.5	28.3	36.1
Physicians/LLPs	39.1	34.3	31.4	40.7
Suppliers	19.5	16.2	12.8	13.2
North Dakota	13.0	13.4	17.6	26.6
Physicians/LLPs	10.9	13.8	20.5	30.8
Suppliers	19.4	12.2	11.4	16.2
Ohio	21.3	25.0	27.5	38.4
Physicians/LLPs	21.7	26.4	28.9	41.8
Suppliers	18.4	18.2	19.2	18.7

Medicare Part B Participating Physicians/LLPs 1/ and Suppliers by State

State	October 1985 Percent	May 1986 Percent	January 1987 Percent	April 1988 Percent
Oklahoma	14.1	14.5	17.9	24.2
Physicians/LLPs	13.8	16.6	20.8	27.9
Suppliers	17.2	7.1	7.4	11.2
Oregon	18.7	21.3	24.4	30.6
Physicians/LLPs	18.5	22.8	26.1	32.8
Suppliers	19.3	12.6	13.8	15.5
Pennsylvania	47.2	42.7	35.6	34.9
Physicians/LLPs	50.8	45.6	32.1	36.6
Suppliers	26.9	24.3	19.5	23.2
Rhode Island	43.0	43.2	45.1	48.8
Physicians/LLPs	46.7	48.1	50.8	55.0
Suppliers	24.0	19.2	15.5	15.5
South Carolina	17.3	15.6	22.7	36.1
Physicians/LLPs	17.9	16.8	25.3	37.6
Suppliers	9.3	9.6	11.0	22.4
South Dakota	10.3	8.9	12.2	16.3
Physicians/LLPs	8.0	6.9	12.7	17.6
Suppliers	15.3	12.0	11.3	13.9
Tennessee	22.3	34.2 <u>2/</u>	39.4	48.8
Physicians/LLPs	21.1	37.4 <u>2/</u>	43.4	54.9
Suppliers	28.2	19.5 <u>2/</u>	20.7	20.6
Texas	19.5	13.5	18.3	24.3
Physicians/LLPs	19.7	14.1	19.4	26.0
Suppliers	17.6	9.4	10.3	12.7
Utah	29.1	34.0	39.8	48.7
Physicians/LLPs	29.3	36.1	42.2	50.4
Suppliers	28.2	21.0	23.8	26.4
Vermont	40.2	37.6	33.6	37.6
Physicians/LLPs	41.5	38.2	34.1	38.5
Suppliers	35.7	32.9	29.4	30.7
Virginia	28.2	28.6	32.4	37.2
Physicians/LLPs	29.6	29.5	33.6	39.1
Suppliers	19.2	21.4	22.6	21.7
Washington	23.0	22.1	27.0	33.2
Physicians/LLPs	23.6	21.8	26.9	35.4
Suppliers	19.0	25.1	27.7	18.8

Medicare Part B Participating Physicians/LLPs 1/ and Suppliers by State

State	October 1985 Percent	May 1986 Percent	January 1987 Percent	April 1988 Percent
West Virginia	22.2	30.8	35.0	48.1
Physicians/LLPs	22.9	33.0	37.5	53.2
Suppliers	17.9	21.4	23.7	24.7
Wisconsin	30.3	37.3	35.8	38.6
Physicians/LLPs	31.0	37.5	35.1	39.0
Suppliers	26.5	36.9 <u>3/</u>	38.0	37.5
Wyoming	18.8	15.8	18.1	18.1
Physicians/LLPs	18.3	16.9	20.3	20.1
Suppliers	21.8	12.2	11.3	12.6

1/ LLPs: Limited License Practitioners.

2/ Based on revised data submitted by the carrier (previously submitted 22.1, 22.4, 21.3).

3/ Based on revised data submitted by the carrier (previously submitted 26.4).

SOURCE: HCFA/BPO

May 1989

MEDICARE PART B/ASSIGNMENT RATE BY CARRIER, FY 1988

CARRIER	ASSIGN RATE	CARRIER	ASSIGN RATE	CARRIER	ASSIGN RATE
TOTAL	76.3	CHICAGO REGION	73.7	SEATTLE REGION	56.9
BOSTON REGION	87.8	ILLINOIS B/S (HCSC)	68.1	ALASKA-OREGON-AETNA	56.1
CONNECTICUT-TRAVELERS	75.7	INDIANA B/S	67.8	ALASKA	75.7
MASSACHUSETTS B/S	97.0	MICHIGAN B/S	90.5	OREGON	55.3
MASSACHUSETTS	76.1	MINNESOTA B/S	47.5	IDAHO-EQUICOR, INC.	41.1
TRI-STATE	83.6	MINNESOTA-TRAVELERS	63.4	WASHINGTON B/S	59.9
MAINE	62.8	OHIO-NATIONWIDE	72.5	RRB-TRAVELERS	72.0
NEW HAMPSHIRE	82.2	WISCONSIN B/S	63.9		
VERMONT	93.6	DALLAS REGION	72.2	AETNA	65.5
RHODE ISLAND B/S	77.0	ARKANSAS B/S	82.4	EQUICOR, INC.	68.3
NEW YORK REGION	68.3	LA.-ARKANSAS B/S	74.5	NATIONWIDE	74.0
NEW JERSEY-PRUDENTIAL	80.0	NEW MEXICO-AETNA	70.4	PRUDENTIAL	73.1
N.Y.-BINGHAMTON B/S	78.2	OKLAHOMA-AETNA	61.1	TRAVELERS (RRB EXCLUDED)	74.8
N.Y.-NEW YORK B/S	81.2	TEXAS B/S	72.2		
NEW YORK-GROUP HEALTH	94.3	KANSAS CITY REGION	68.4		
PUERTO RICO B/S	94.3	IOWA B/S	61.7		
PUERTO RICO	52.2	IOWA	62.3		
VIRGIN ISLANDS	87.3	NEBRASKA	60.4		
PHILADELPHIA REGION	86.0	KANSAS B/S	81.7		
MARYLAND B/S	90.3	MISSOURI B/S	80.0		
PENNSYLVANIA B/S	81.9	MISSOURI-GENERAL AMERICAN	64.1		
DELAWARE	83.8	DENVER REGION	61.6		
DISTRICT OF COLUMBIA	91.3	COLORADO B/S	67.0		
PENNSYLVANIA-LAB.	100.0	MONTANA B/S	52.2		
VIRGINIA-TRAVELERS	76.0	NORTH DAKOTA B/S	53.3		
WEST VIRGINIA-NATIONWIDE	83.3	NORTH DAKOTA	57.7		
ATLANTA REGION	76.1	SOUTH DAKOTA	48.9		
ALABAMA B/S	85.6	UTAH B/S	71.1		
FLORIDA B/S	73.9	WYOMING-EQUICOR, INC.	47.1		
GEORGIA-PRUDENTIAL	76.8	SAN FRANCISCO REGION	78.2		
KENTUCKY B/S	77.2	ARIZONA-NEVADA-AETNA	71.0		
MISSISSIPPI-TRAVELERS	78.1	ARIZONA	67.5		
NORTH CAROLINA-PRUDENTIAL	76.4	NEVADA	86.3		
SO. CAROLINA B/S(NON-P&E)	72.4	CALIFORNIA B/S	74.6		
SO. CAROLINA B/S(P&E)	98.9	CAL.-OCCIDENTAL(NON-P&E)	83.5		
TENNESSEE-EQUICOR, INC.	73.9	CAL.-OCCIDENTAL(P & E)	98.5		
		HAWAII-AETNA	77.2		

Source: HCFA/BPO

May 1989

X. REFERENCE

Selected reference material including contribution rates, taxable earning ceilings, cost-sharing provisions and Medicaid Federal matching percentages.

Financing of Medicare Programs

Source of Income

HI Trust Fund

1. Payroll taxes *
 2. Transfers from railroad retirement account
 3. General revenue for
 - a. uninsured persons
 - b. military wage credits
 4. Premiums from voluntary enrollees
 5. Interest on investments
- * Contribution rate
- | | |
|-------------------------------|-------|
| Employees and employers, each | 1.45% |
| Self employed | 2.90% |

Maximum taxable amount (CY 1989) \$45,000

HI Catastrophic Coverage Reserve Trust Fund

1. Supplemental Medicare Premium **
 2. Interest on investments
- Contribution rate
\$22.50 per \$150 of federal income tax liability up
to a maximum of \$800 per enrollee

SMI Trust Fund

1. Premiums paid by or on behalf of enrollees
2. General revenue
3. Interest on investments
4. Catastrophic coverage monthly premium
5. Supplemental Medicare Premium **

** Divided between SMI and HI Catastrophic Coverage
Reserve Trust Funds

Source: HCFA/OACT

May 1989

Financing of Medicare Programs from Beneficiary's Contributions

Supplemental Premium Rates

Rate per \$150 of Adjusted Federal Income Tax Liability

Year	Catastrophic Coverage	Drug	Total	Maximum Supplemental Premium
1989	\$22.50	--	\$22.50	\$800
1990	27.14	\$10.36	37.50	850
1991	30.17	8.83	39.00	900
1992	30.55	9.95	40.50	950
1993	29.55	12.45	42.00	1,050

Flat Premium Rates

Monthly Part B Basic Premium (1989): \$27.90

Additional Part B Monthly Premium

Year	Catastrophic Coverage	Drug	Total
1989	\$4.00	--	\$4.00
1990	4.90	--	4.90
1991	5.46	\$1.94	7.40
1992	6.75	2.45	9.20
1993	7.18	3.02	10.20

Voluntary HI Premium

Monthly Premium (1989): \$156

Financing of Medicaid Programs

Federal Contributions: (FY 1990)

	Percent
1. Medical vendor payments	50-80
2. Family planning services	90
3. Administrative costs	50
4. Development of management information systems	90
5. Operation of management information systems	75
6. Skilled nursing facility inspectors	
- Salaries, travel, and training	75
- All other costs	50
7. Skilled professional medical personnel	75
8. State Medicaid fraud and abuse units	75
9. PRO performance review	75
10. Systematic alien verification for entitlements system	100
11. Nurse's aide training and competency evaluation	
- July 1, 1988 - June 30, 1990	75-90
- After June 30, 1990	50
12. Preadmission screening and annual resident review	75
13. Indian health services	100

Source: HCFA/BPO

May 1989

Hospital Insurance covers all expenses in "benefit period" except -				Supplementary Medical Insurance					
Inpatient hospital daily coinsurance				Monthly premiums					
Inpatient hospital deductible (IHD) covers first 60 days	61st through 90th days (1/4 x IHD)	Lifetime reserve after 90 days (1/2 x IHD)	Skilled nursing facility daily coinsurance after 20 days (1/8 x IHD)	Hospital Insurance monthly premium 1/-	Annual deductible	Coinsurance	For enrollee (aged and disabled) 2/-	Aged	Disabled
Beginning-	60 days	(1/4 x IHD)	(1/2 x IHD)	(1/8 x IHD)					
-Beginning January unless otherwise noted					-Beginning July unless otherwise noted				
July 1966	\$ 40	\$10	3/	3/	\$50	20%	\$ 3.00	\$ 3.00	-
1967	-	-	3/	\$ 5.00	-	-	-	-	-
1968	-	-	\$ 20	-	-	-	-	-	-
April 1968	-	-	-	-	4/	4/	4.00	4.00	-
1969	44	11	22	5.50	-	-	-	-	-
1970	52	13	26	6.50	-	-	5.30	5.30	-
1971	60	15	30	7.50	-	-	5.60	5.60	-
1972	68	17	34	8.50	-	-	5.80	5.80	-
1973	72	18	36	9.00	60 5/	5/ 6/	6.30 7/	6.30	\$22.70
1974	84	21	42	10.50	-	-	6.70	6.70	29.30
1975	92	23	46	11.50	-	-	-	8.30	30.30
1976	104	26	52	13.00	-	-	7.20	14.20	30.80
1977	124	31	62	15.50	-	-	7.70	16.90	42.30
1978	144	36	72	18.00	-	-	8.20	18.60	41.80
1979	160	40	80	20.00	-	-	8.70	18.10	41.30
1980	180	45	90	22.50	-	-	9.60	23.00	41.40
1981	204	51	102	25.50	8/ 9/	9/	11.00	34.20	62.20
1982	260	65	130	32.50	\$75	10/	12.20	37.00	72.00
1983	304	76	152	38.00	-	-	-	41.80	80.00
1984	356	89	178	44.50	-	-	-	43.80 5/	94.00 5/
1985	400	100	200	50.00	-	-	14.60 5/	46.50	89.90
1986	492	123	246	61.50	-	-	15.50	46.50	66.10
1987	520	130	260	65.00	-	-	17.90	53.70	88.10
1988	540	135	270	67.50	-	-	24.80	74.40	72.40
1989	560	0	0	25.50	-	-	31.90	83.70	40.70

1/ Voluntary participation of individual aged 65 and over not otherwise entitled to hospital insurance.

12/ Voluntary participation of individuals beginning July 1973 for the disabled.

3/ Benefit not provided.

7/ Professional inpatient services of pathologists and radiologists not subject to deductible or coinsurance.

5/ Beginning in January for current and succeeding years.

5/ beginning in January for current and succeeding
6/ Home health services not subject to copayment.

6/ Home health services not subject to coinsurance.

7/ Monthly premium for July and August 1973 was reduced to \$5.80 and \$6.10, respectively, by the Cost of Living Council.

7/ Monthly premium for July and August 1973 was less than \$100.

9/ Same as footnote 4, but only when physician accepts assignment.

9/ Same as footnote 4, but only when physician accepts assignment.
 10/ Effective October 1, 1982, professional inpatient services of pathologists and radiologists are subject to coinsurance and deductible.

Effective October 1, 1982, professional inpatient services of pathologists and radiologists are reimbursed at the rate of \$132 for noninsured enrollees for the period beginning July 1983. The Secretary of HHS promulgated a monthly premium of \$132 for noninsured enrollees for the period beginning July 1983.

However, P.L. 98-21 subsequently provided that the monthly premium of \$113 for noninsured enrollees continue to apply

HOWEVER, F.O. 30-21 SUBS
UNTIL DECEMBER 31, 1983.

Source: IICPA/OACT

May 1989

Comparison of Selected Coverage and Coverage Limitations,
Deductible and Coinsurance Amounts Before and After the Medicare
Catastrophic Coverage Act

<u>Hospital Insurance</u>	<u>Prior to Catastrophic</u>	<u>Catastrophic</u>
Inpatient hospital		
o	One (1) deductible per benefit period (spell of illness).	o One (1) deductible each calendar year (effective 1/1/89).
o	Coverage in a benefit period limited to 60 regular days, 30 regular coinsurance days, and 60 nonrenewable lifetime reserve days.	No day limitations.
o	No carryover provision.	o Special "hold harmless" provision for spells of illness still in effect at the end of 1988. Additional carryover provisions for deductibles incurred for hospitalization in December of 1989 and of years later. If the beneficiary is still hospitalized or another admission occurs in January of the subsequent year, no additional deductible will be required. However, beneficiaries will be liable for additional deductible for hospitalizations occurring after January 31 of that following years.
o	Deductible equal to \$540 from 1/1/88 - 12/31/88.	o Deductible equal to \$560 from 1/1/89 - 12/31/89.
o	Coinsurance amounts equal to 1/4 of hospital deductible (\$135 from 1/1/88 - 12/31/88) for regular coinsurance days (1st - 90th day) and 1/2 of hospital deductible (\$270 from 1/1/88 - 12/31/88) for 60 nonrenewable lifetime reserve days.	o Coinsurance requirements are no longer applicable for inpatient hospital care.

<u>Hospital Insurance</u>	<u>Prior to Catastrophic</u>	<u>Catastrophic</u>
Inpatient psychiatric hospital days	o 190 nonrenewable days.	o 190 nonrenewable days.
Skilled nursing facility (SNF)	o Coinsurance amount equal to 1/8 of hospital deductible (\$67.50 from 1/1/88 - 12/31/88) for 21st thru 100th day of covered SNF care during benefit period.	o Coinsurance amount equal to 20 percent of the national average per diem Medicare reasonable cost for SNF services for first eight days in a calendar year (\$25.50 from 1/1/89 - 12/31/89).
Hospice	o Limit of 100 SNF days per benefit period consisting of 20 no-payment days followed by 80 coinsurance days.	o A limit of 150 SNF days per calendar year consisting of 8 coinsurance days followed by 142 no-payment days.
Home health agency care (See Supplementary medical insurance)	o Three-day prior hospitalization required.	o Three-day prior hospitalization requirement eliminated.
Blood	o Two 90-day periods and one subsequent 30-day period.	o Two 90-day periods and one subsequent 30-day period and an extension period of indefinite length.
	o Deductible equal to the nonreplacement fees for charges for the first 3 pints or units of blood furnished by a hospital or SNF during a benefit period.	o Deductible equal to the nonreplacement fees for charges for the first 3 pints or units of blood furnished by a hospital or SNF during a calendar year.
		Replacement provisions identical to those specified for Part B are added to Part A. Furthermore, the deductible is reduced to the extent that a blood deductible has been paid under Part 8 (effective 1/1/89).

Supplementary Medical Insurance

Physician and other professional services and suppliers

o

Annual deductible equal to first \$75 in approved (or allowed) charges for covered medical expenses plus 20 percent coinsurance for allowed charges for any additional covered services during the rest of the year. No upper limit on coinsurance liability (thru December 31, 1989). Annual limitations on program payments (not affected by the Catastrophic Act) are as follows:

Physician outpatient mental health services: \$1,100
Independent outpatient physical therapy: \$ 400
Independent outpatient occupational therapy: \$ 400

Blood

o

Deductible equal to the nonreplacement fees for charges for the first 3 pints or units of blood furnished during the calendar year. The deductible is appropriately reduced to the extent that there has been a replacement of such blood.

Screening mammography

o

Routine mammography screenings not covered. Mammographies are covered only as a diagnostic tool in cases in which breast cancer is suspected.

Catastrophic

o Beginning January 1, 1990, beneficiary liability for (or share of) approved charges for services and supplies covered by medical insurance will be limited to \$1,370 annually (this limit will increase each year). Once the \$1,370 (or annual limit) beneficiary liability is reached, Medicare will pay 100 percent of all remaining approved charges for most services under medical insurance for the remainder of the calendar year.

o Effective January 1, 1990, once the catastrophic limit is met, any unmet blood deductible will not be required.

o Effective January 1, 1990, payments may be made for screening mammographies consistent with frequency limitations based on age and risk for developing breast cancer, quality standards, and special payment rules.

The amount of the payment will be subject to the Part B deductible and will be equal to 80 percent of the lesser of the actual charge or the fee schedule amount established by the Secretary or a payment limit which for 1990 is set at \$50.

<u>Supplementary Medical Insurance</u>	<u>Prior to Catastrophic</u>	<u>Catastrophic</u>
Home respite care	o Home care is provided only to beneficiaries requiring skilled health care services.	o Beginning January 1, 1990, Medicare will pay for the temporary services in the home of a trained homemaker or home health aide; personal care services; and nursing care provided by a licensed professional nurse. The care is designed to provide relief to an individual who lives with and normally helps a Medicare beneficiary who requires assistance with essentially daily activities (a chronically dependent individual) and have met either the supplementary medical insurance catastrophic limit for the year (\$1,370 in 1990) or the annual deductible for outpatient prescription drugs (\$550 in 1990). Care includes a total of up to 80 hours in a 12-month period, but not to exceed 80 hours in any calendar year.
Home health care	o Qualifying home health services may be provided on an intermittent basis (administratively defined as no more than four days per week) and up to eight hours per day for up to three weeks.	o Intermittent is legislatively defined as less than seven days a week. Daily care may be provided for up to 38 consecutive days.

Catastrophic drug insurance

Drugs -- First year immuno-suppressive drugs after covered transplant

Drugs -- Home Intravenous (IV)

Drugs -- Extended immuno-suppressive drug therapy and treatment after noncovered transplants

Prior to Catastrophic

o Immunosuppressive drugs furnished within the first year following a covered organ transplant are subject to the regular \$75 annual deductible and 20-percent coinsurance (through 12/31/89).

Catastrophic

o The 20-percent liability for first-year immunosuppressive therapy will continue during 1990 and years following with no regular deductible and no drug deductible applicable.

o Effective January 1, 1990, Medicare will cover certain IV drugs in a home setting. If the IV was initiated in the hospital, the drug deductible (\$550 in 1990) is not applicable.

o The beneficiary is responsible for 20 percent of the allowed charges.

o Effective January 1, 1990, Medicare will cover immunosuppressives after the first year following a covered transplant and during the first year following a noncovered transplant. During 1990, the beneficiary is responsible for 50 percent of the approved charges after paying the \$550 drug deductible. In years following 1990, the drug deductible and coinsurance percentage will be the same applying to all other prescription drugs (see "Other prescription drugs and insulin").

Drugs -- Other prescription drugs and insulin

o Effective January 1, 1991 Medicare will cover most prescription drugs as well as insulin. In 1991, the deductible will be \$600 and the coinsurance 50 percent. In 1992 the deductible will be \$652 and the coinsurance 40 percent. The drug deductible after 1990 is the same applying to home IV (unless drug treatment was begun in the hospital) and immunosuppressive therapy for other than first-year post covered transplant use. In 1993 and subsequent years the drug deductible will be adjusted to keep the proportion of enrollees receiving benefits at 16.8 percent. The coinsurance will be 20 percent in 1993 and subsequent years.

MEDICARE ANNUAL MAXIMUM TAXABLE EARNINGS AND HI CONTRIBUTION RATES

Beginning	Annual Maximum Taxable Earnings	Contribution Rate <u>1/</u> (percent)
1966	\$ 6,600	0.35%
1967	6,600	.5
1968	7,800	.6
1969	7,800	.6
1970	7,800	.6
1971	7,800	.6
1972	9,000	.6
1973	10,800	1.0
1974	13,200	.9
1975	14,100	.9
1976	15,300	.9
1977	16,500	.9
1978	17,700	1.00
1979	22,900	1.05
1980	25,900	1.05
1981	29,700	1.30
1982	32,400	1.30
1983	35,700	1.30
1984	37,800	1.30 (2.60 for self employed)
1985	39,600	1.35 (2.70 for self employed)
1986	42,000	1.45 (2.90 for self employed)
1987	43,800	1.45 (2.90 for self employed)
1988	45,000	1.45 (2.90 for self employed)
1989	48,000	1.45 (2.90 for self employed)

Changes scheduled in present law:

1990 and later	Subject to automatic increase	1.45 (2.90 for self employed)
----------------	----------------------------------	-------------------------------

1/ Employer and employee (each) and self-employed persons through 1983.

Source: HCFA/OACT

May 1989

TITLE XIX
FEDERAL MEDICAL ASSISTANCE PERCENTAGES
FY 1987 - 1990

	FY 1987*	FY 1988	FY 1989	FY 1990
Alabama	72.41	73.29	73.10	73.21
Alaska	50.00	50.00	50.00	50.00
Arizona	62.28	62.12	62.04	60.99
Arkansas	74.02	74.21	74.14	74.58
California	50.00	50.00	50.00	50.00
Colorado	50.00	50.00	50.00	52.11
Connecticut	50.00	50.00	50.00	50.00
Delaware	50.00	51.90	52.60	50.00
District of Columbia	50.00	50.00	50.00	50.00
Florida	56.16	55.39	55.18	54.70
Georgia	66.05	63.84	62.78	62.09
Hawaii	51.29	53.71	53.99	54.50
Idaho	71.08	70.47	72.71	73.32
Illinois	50.00	50.00	50.00	50.00
Indiana	62.92	63.71	63.71	63.76
Iowa	60.39	62.75	62.95	62.52
Kansas	51.39	55.20	54.93	56.07
Kentucky	70.75	72.27	72.89	72.95
Louisiana	65.77	68.26	71.07	73.12
Maine	68.86	67.08	66.68	65.20
Maryland	50.00	50.00	50.00	50.00
Massachusetts	50.00	50.00	50.00	50.00
Michigan	56.88	56.48	54.75	54.54
Minnesota	53.41	53.98	53.07	52.74
Mississippi	78.50	79.65	79.80	80.18
Missouri	60.62	59.27	59.96	59.18
Montana	67.44	69.40	70.62	71.35
Nebraska	58.06	59.73	60.37	61.12
Nevada	50.00	50.25	50.00	50.00
New Hampshire	54.92	50.00	50.00	50.00
New Jersey	50.00	50.00	50.00	50.00
New Mexico	69.68	71.52	71.54	72.25
New York	50.00	50.00	50.00	50.00
North Carolina	69.18	68.68	68.01	67.46
North Dakota	56.41	64.87	66.53	67.52
Ohio	58.30	59.10	58.98	59.57
Oklahoma	59.86	63.33	66.06	68.29
Oregon	62.47	62.11	62.44	62.95
Pennsylvania	57.28	57.35	57.42	56.86
Rhode Island	56.33	54.85	55.88	55.15
South Carolina	72.70	73.49	73.08	73.07
South Dakota	67.82	70.43	71.02	70.90
Tennessee	70.26	70.64	70.17	69.64
Texas	55.16	56.91	59.04	61.23
Utah	73.21	73.73	73.86	74.70
Vermont	67.37	66.23	63.92	62.77
Virginia	53.14	51.34	51.20	50.00
Washington	52.52	53.21	53.06	53.88
West Virginia	72.59	74.84	76.14	76.61
Wisconsin	57.58	58.98	59.31	59.28
Wyoming	54.20	57.96	62.61	65.95
Territories ^{1/}	50.00	50.00	50.00	50.00

* Reflects "Hold harmless" provision of the Omnibus Reconciliation Act of FY 1986 (P.L. 99-509).

^{1/} Includes American Samoa, Guam, N. Mariana Islands, Puerto Rico, and Virgin Islands.

NOTE: The Consolidated Omnibus Reconciliation Act of 1985 (P.L. 99-272) requires an annual calculation of the Federal medical assistance percentages, effective for FY 1987 and thereafter.

MEDICAID SERVICES STATE BY STATE

October 1, 1988

Basic Required Medicaid Services

- Medicaid recipients receiving federally supported financial assistance must receive at least these services:
 - Inpatient hospital services
 - Outpatient hospital services
 - Rural health clinic services
 - Other laboratory and X-ray services
- Skilled nursing facility services and home health services for individuals 21 and older
- Early and periodic screening, diagnosis, and treatment for individuals under 21
- Family planning services and supplies
- Physician services
- Nurse Midwife services

recipients or may substitute a combination of seven services.

Definitions and limitations on eligibility and services vary from State to State. Details are available from local welfare offices and State Medicaid agencies

Services provided only under the Medicare buy-in or the screening and treatment program for individuals under 21 are not shown on this chart.

Optional Services in State Medicaid Programs

State	Preventive Services	Rehabilitation Services	A. Inpatient Hospital Services	B. SNF Services	C. ICF Services	Intermediate Care Facility Services	ICF for Severely Retarded	Emergency Psychiatric Services for under Age 22	Chiropractic Services	Chiropractic Services	50% for under Age 21	Emergency Hospital Services	Personal Care Services	Transportation Services	Case Management Services	Hospice Services	Total Additional Services
AL	+																13
AK																	17
AS																	
AZ																	12
AR																	22
CA																	26
CO																	16
CT																	26
DE																	17
DC																	28
FL																	20
GA																	14
GU																	7
HI																	23
ID																	14
IL																	26
IN																	27
IA																	22
KS																	24
KY																	14
LA																	14
ME																	27
MD																	19
MA																	32
MI																	26
MN																	29
MS																	14
MO																	16
MT																	27

SOCIAL SECURITY CASH BENEFITS
AVERAGE RETIRED WORKER'S BENEFIT (INDIVIDUALS)

<u>Average Monthly Benefit</u>		<u>Statutory and Automatic Increase</u>	
<u>Year</u>	<u>Amount</u> ^{1/}	<u>Effective Date</u>	<u>Percent Increase</u>
1970	\$118	1/70	15.0
1971	132	1/71	10.0
1972	162	9/72	20.0
1973	166		
1974	188	6/74	11.0
1975	207	6/75 ^{2/}	8.0
1976	225	6/76	6.4
1977	243	6/77	5.9
1978	263	6/78	6.5
1979	294	6/79	9.9
1980	341	6/80	14.3
1981	386	6/81	11.2
1982	419	6/82	7.4
1983	441	12/83	3.5
1984	461	12/84	3.5
1985	479	12/85	3.1
1986	488	12/86	1.3
1987	513	12/87	4.2
1988	537	12/88	4.0

^{1/} As of December of each year.

^{2/} Increases as of 6/75 through 6/82 were automatic in June of each year.

Source: SSA/OACT

May 1989

CNS LIBRARY



3 8095 00011550 7

U.S. Department of Health and Human Services
Health Care Financing Administration
Bureau of Data Management and Strategy
6325 Security Boulevard
Baltimore, Maryland 21207